DOCUMENT RESUME

ED 027 388 VT 007 315

Action for Quality.

National League for Nursing, New York, N.Y. Dept. of Associate Degree Programs.

Pub Date 68

Note-72p.; Papers presented at the First Conference of the Council of Associate Degree Programs (Boston, Massachusetts, February 29-March 2, 1968).

Available from-National League for Nursing, 10 Columbus Circle, New York, New York 10019 ($2.25).

EDRS Price MF-$0.50 HC Not Available from EDRS

Descriptors-*Accreditation (Institutions), Associate Degrees, *Certification, Community Colleges, Conferences, Credits, *Health Occupations Education, Junior Colleges, *Nursing, Professional Associations, *Speeches, Technical Education

Identifiers-*Conference Council of Associate Degree Programs

Papers include "The New Concept of Technology" by Edwin Miner and reaction papers by Ruth Matheney and Hazle Blakeney; "Problems and Issues in Accreditation by Specialized Agencies of Vocational-Technical Curricula in Post Secondary Institutes" by Lloyd Messersmith; "State Board Examination Equals Licensure Plus Yield" by Seymour Eskow, "State Board Examinations -- Licensure and Yield" by Virginia Barham; "Licensing Examinations and Associate Degree Nursing Programs" by Mildred Montag; "Philosophical Concepts of Transfer Credit" by James Moncrief; "Equivalency Examinations in New York State" by Mildred Schmidt; "From Community or Junior College to Graduate Study" by Olga Andruskiw; and "Looking at Accrediting in the Future" by Frank Dickey. (JK)

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NATIONAL LEAGUE
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NATIONAL LEAGUE FOR NURSING,
Dep~~artment~~ of Associate Degree Programs.
10 Columbus Circle, New York, ~~New York~~ 10019
N.Y.

1968

Code Number: 23-1327 Price: $2.25

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PRINTED IN THE UNITED STATES OF AMERICA

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THE NEW CONCEPT OF TECHNOLOGY

Edwin H. Miner

I hope you are all mindful of the awesome tradition that has grown up around this fateful day that gives quadrennial testimony to man's inability to divide up his time without an errant remainder. Perhaps, as we are about to consider changing concepts of technology, it is sobering to remember that we can live with a calendar that confounds our memories, confuses the keepers of accounts, and periodically provides emotional stimulation to an underprivileged segment of society. Indeed, I suspect that some of you may in fact inwardly gloat over the lingering evidences that Leap Year has survived in an age of mating via IBM 360.

Frankly, after reading Ruth Matheney's excellent paper of last year on Technical Nursing Practice[1] and Lewis Fibel's precise delineation of Technical Education,[2] both of which could have provided a basis upon which to have charted a course for your action, I have wondered why I was asked to hit the subject again. If I did not know you well, I might be deluded and say, "Slow learners." Perhaps reluctant learners would be the better term. If I appear to be leveling a finger, I am--two fingers: one at nursing and the other at education. To what purpose shall we discuss changing concepts in technology if we refuse to perceive that which asks to be understood. For us in education, maybe there should be carved a new mantelpiece decoration--See nothing new, hear nothing new, speak nothing new.

I fear that the majority of nurse educators are not really eager to try or adopt new and changing concepts of technology. They have the same kind of inertia as do their counterparts in engineering and industrial technologies. The majority of teachers and students are not interested in shaking up curricula or established patterns of learning. Theirs is a position of tradition and custom--status quo.

In the first place, if it is an old concept, it has probably been tried; and if it has been tried repeatedly, it is undoubtedly true. Secondly, it is always easier and less likely to be a cause of disturbance to stick with status quo. Thirdly, there are others in the nursing care boat. We do not want to rock it. In the fourth place, if our period of field experience has been in a status quo outfit, we have built-in support for the accepted point of view. Fifth, despite any recent upgrading, we are prone to revert to the hammered-in points of earlier training when faced with on-the-spot decisions on routine procedures. And finally, if we are dealing daily with life-and-death procedures, such conventions are likely to be memorialized into "approved" and "acceptable" practices by some state licensing or accrediting body. Their dicta tend to become status quo. Over the years, changes in their bible come slowly and after full safeguards to health.

There are those who contend that the best reason for sticking to the tried and true is that the "old" still survives and perforce has to be basically satisfactory. There are others who say with genuine hurt pride, "If nurse education is so resistant to change,

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how do you account for the rapidity of growth of the A.D. program?" It is also true that many reactionaries try to use the state boards of nursing or NLN as whipping girls and accuse them unjustly of not permitting progress and of encouraging status quo. I could reminisce and tell tales of stubborn resistance to change on the part of such bodies in the beginning of the program. But if there had not been a willingness on their part to face the challenge of change, there would not be 284 A.D. schools in 44 states, plus Puerto Rico, Guam, and the Virgin Islands just 15 years after the idea started.

There are still pockets of resistance to changes in nursing care. Not all hospital administrators nor all medical and surgical staffs are sold on A.D. nurses, but the resistance is melting. By and large, the program has sold itself on its merits. Now "baby" has become so large and strong that it can bounce Mamma on its knee. Frankly, I wish it would.

My good friends, I think I know why I was asked to come here today. In getting back into nursing education, in picking up my earlier threads that had been broken after I served my term on the New York State Advisory Committee to the Kellogg Grant, and in looking ahead, I have a queasy feeling that the A.D. program is about to become the new status quo symbol in nurse education. I know this bothers the alert nurse educator. It frightens and disturbs me, also. May I tell you why? I wonder:

1. Whether all of the new A.D. programs have been adequately researched before establishment.

   This program has developed a drawing power comparable to the tent-filling pull of a steam calliope in a parade along the youth-lined streets of a small town. I can hear the arguments as they are advanced. The educator thinks such an A.D. program will have the appeal to clinch a community college for Apple County! Such a program will give our girls a choice of something other than secretarial training in their college program. Hospital staff officers are thinking it could attract high school girls from all over the county and keep them from running to the city for a hospital school program! To act now,lets us be first in our state!

   I would like to believe that all of these motives are auxiliary and supportive to a bona fide nursing need in the area. Furthermore, I would like to believe that the new nursing programs were not launched until the host colleges could be assured of properly qualified technical and supporting staff to establish a quality nursing program.

2. Whether the established program continues to get triangular strength from the three interlocked facets--namely, the community college, the hospital, and the nursing education curriculum.

   The report of NLN that shows a decrease in passes among A.D. graduates in first attempts on licensing exams from 90 percent to 76 percent in seven years cannot be dismissed as immaterial. The fact that baccalaureate programs' percentage rate of pass on the licensing exams dropped 6 percent to 91 percent in the same seven-year period tends to reinforce the conclusion that both types of degree programs may have been growing at rates beyond the point of assured results. A wide variety of interpretations are possible from the statistics quoted as well as from the showing of graduates of hospital schools during the same seven-year period, which appear to have maintained an 86 percent passing rate.* Such statistics are valuable only to program operators and planners and in no way should be used by laymen or professionals to imply lowered quality of nursing service. The licensing boards protect the public by not permitting any nurse to become registered until she does pass the exams.

During this same seven-year period, I would also be interested to know whether the nature of the exams has kept pace with collegiate curricula that have been modified to meet changing nursing needs or whether collegiate nursing curricula have failed to keep pace with exam standards that are in step. I suspect that whatever lag in readiness for the licensing exam there may be on the part of current graduates of A.D. programs should in all fairness be equally shared by the nurse educator, the college dean, and the local hospitals in which the clinical experience is obtained.

From my own experience, I know that technology programs lead an uneasy life in two-year colleges. Some colleges never let technologies get started; others are permissive but not really supportive. I will not dwell upon the reasons for the tenuous existence of technologies in associate degree institutions. They have been well documented by others. But I will ask all of you why so many efforts by the federal government working through HEW seem aimed currently at creating a companion type of institution at the postsecondary level to develop and foster technical education. Would HEW have needed to do this if community colleges were meeting the personnel requirements of industry, commerce, and other technician employers? And right now a number of industries are setting up their own technician training programs. If this were to become a fact in nurse education, could we not expect hospital schools of nursing to have a resurgence?

In situations where community college presidents question the academic respectability of technology programs, what kind of response can there be when the new requirements of the technologies call for even more divergent and extreme applications of science in the instructional programs of two-year colleges? When the chemical industry, for example, says the first two years of a bachelors degree in science is not adequate, desirable, or acceptable as preparation for a chemical technician, how many two-year chem tech programs are likely to be revised accordingly in strongly liberal arts oriented junior colleges? Or more specifically in A.D. nursing programs, will your college program permit more time to be added or a change in the time allotted to nursing for the teaching of computer application to the care of patients? I surely hope this freedom will exist. On the other hand, I could similarly ask, will the director of nursing education regulate her course content strictly by the nature of nursing care in her local area? You see, nurse educators can be mirror holders, even as junior college administrators, rather than searchlight holders.

Now, if the clinical setting at the hospital is undersupported financially and undersupported administratively, it, too, can team up solidly with similar counterparts in the colleges and the nursing program in the maintenance of a good, solid status quo in nurse education.

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*Statistics are from a statement prepared by Dean Lulu W. Hassenplug for the annual meeting of the National Commission on Accreditation, March 31, 1967, in Chicago. (Dean Hassenplug is Director of the School of Nursing at the University of California, Los Angeles.)

I will not attempt to generalize as to what category your establishment fits. I have no way of knowing. But I will ask each of you in administrative responsibility to search yourself and your programs. Are you running basically the same program that was set up five or ten years ago? What significant changes in curriculum and clinical experience have taken place? Do you rationalize your own position by attributing reluctance to move to your partners? Does NLN push you or are you pushing them for help in new directions? Do you down deep inside feel that getting away from the third year of a hospital school and the adoption of an approved new program copied from the A.D. casebook are really all that is required?

3. Whether national bodies, both in junior college education and nursing education, are really effective in the redefining of goals and objectives for the technologies.

For illustration, let me use the electronics field--one in which we at Voorhees Technical Institute work in depth. Changes in the product lines of electronic firms come with almost lightning-like speed. Some are simple revisions of earlier models; others involve wholly new design and principles. How does a school dedicated to preparing for immediate employment (not unlike your purpose) keep updated? We must know from the user of our product (technicians) what skills, concepts, and hands-on experiences he will need. Even with machinery for assuring such coordination and planning, I will have to admit that our biggest and most time-consuming and frustrating job is that of trying to plan ahead and be ready program-wise for what lies ahead. The actual teaching day by day must, of course, continue unabated. Even if we could hire two staffs--one to teach and another to plan--I would prefer that the teaching staff be deeply immersed in the planning for revised and new courses.

Now back to nurse education. Do you have machinery for continuing contact with the users of your product? Are you nurse educators members of a coordinated planning group for the updating of nursing and hospital service? Or do you expect NLN and AHA to do this at top level and pass down the word? There is no one fixed way to do this. The important thing is that this kind of joint planning take place and that there be follow-through at the nurse preparation level. All of which leads me to number 4.

4. Whether the changing concepts and new developments in technology will call for an expanded advisory committee to work out possible redesigns for patient care in hospitals.

In preparation for this challenge--because this assignment that Miss Collins so charmingly handed me has driven me back into the consideration of nursing education--I decided to visit the new (less than a year old) 78-bed Arden Hill Hospital in Goshen, New York. I arranged to meet with hospital personnel and the Head of the Nursing Education Department of Orange County Community College, which has an arrangement with the hospital for clinical experience. By national evaluation, this small hospital is unique for a variety of reasons. As a progressive patient care hospital, it embodies new nursing care concepts and some of the most modern electronic equipment available for use in hospitals.

Orange County Community College has the longest record of experience in A.D. nursing education in New York State. Here I hoped to find how the newest of clinical facilities would be used by the oldest of A.D. schools.

I found an awareness by the hospital and the nurse educator that the maintenance of lines of communication between the college and the hospital is of primary importance and that the existence of new equipment will not in itself assure integration into program. There must indeed be a recognition that the college's nursing curriculum content be modified and expanded. All parties involved in hospital care, including the doctors, have a role to play in effective nursing education. Such relationships must do more than assure well-planned and executed clinical seminars for nursing students. There must be planning sessions for the development of real team action that will permit a a modern hospital to get full mileage out of its facilities. What I am saying is that a hospital in its service to a community is only as good as those who function therein make it through their combined efforts. I found an air of informality in relationships that bespoke good understanding. Yet, in view of rapidly changing personnel conditions that pervade all staffs in hospitals and community colleges today, I think some formal machinery for insuring systematic review of policy, planning, and development is well worth its creation. I think that this kind of hospital or college enterprise could provide the setting for pilot activity in the development of full team planning of a new design for nursing service.

In our discussions, *the division of labor by functions got major attention.* Who is a professional nurse? What should she do in the ultra electronic-equipped hospital? Should the A.D. nurse also be prepared in electronics and computer programming? Should the technical nurse ultimately do less and less patient care and take on more and more technical functions? Who will perform the patient-oriented personal care services? The L.P.N.? Should new technicians be added to hospital staffs to perform the highly specialized duties incidental to the operation of varied electronic equipment?

Who should train them? If the computer, when properly used, is an extension of the mind, can it eventually become a diagnostic tool for doctors? for nurses? if so, at what level? With the multitude of new technical services to be performed in hospitals, who will care for the orientation of patients to such new scientific applications? How many new technical tasks will become part of the A.D. nurse's function?

5. Whether nursing will get lost in the semantics of its fields of endeavor.

The time already spent in nursing circles arguing differences between technical and semiprofessional nursing is only a teaser. Try this one: Is there currently enough basic difference in the education of A.D. and baccalaureate nurses to warrant calling one technical and the other professional? They both wind up with the same registry after taking the same licensure exam. Can we expect someday to see the professional nurse so identified and separately registered only after completion of a master's degree?

See what has happened to the engineer who is becoming more and more a functionnaire at the master's level. He generally has no formal hands-on experience of a technical nature in his education today. The technician today gets a blend of know-why and know-how in his education. He has to have these elements because he is the bridge between the theorist or designer engineer and the production line in industry. The technician now is the builder of the research engineer's prototypes. Will this become increasingly the typical relationship between the professional nurse and the technical nurse? Can it? After all, is not a good dentist really a blend of the theoretician and the technician? Maybe you know from experience what can happen to your teeth if your dentist is a poor technician. Is not a surgeon by function required to be a first-class technician? In essence, should we worry about semantic labels? Should not the teams be made up of those who can complement each other?

In the old days, many hospitals were managed by nurses. Now it is customary for the manager to be trained in a specialized form of business administration. Has this practice tended to create a dichotomous or trichotomous relationship in hospital operation and service while at the same time it has hopefully improved the financial condition of the hospital?

Two things are very obvious to me: one is that the fields of expertise required to provide top hospital care cannot be expected to be found in one person. The second is that we no longer need to argue special-interest claims, but instead should start general-interest planning by putting the health of people first and letting the services needed to provide this requirement be sorted out by qualification and interest of the members of the team.

Would that nursing education could launch a real program to develop this concept. You have had great leaders in the past 15 years. I would like to see some financial help made available for such a team to tackle this job--otherwise, I fear that each new technical advance will be applied to nursing and medical care by special-interest groups until the hospital will lose its role as the place for coordinated patient care.

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1. Ruth V. Matheney. "Technical Nursing Practice," in The Shifting Scene--Directions for Practice. New York, National League for Nursing, 1967, pp. 17-25.

2. Lewis R. Fibel. Technical Education. Washington, D.C., American Association of Junior Colleges, 1967.

REACTION PAPER

Ruth V. Matheney

As usual, Dr. Miner has demonstrated his talent for poking a finger into sore spots and raising challenging questions that need exploration and plans for rational action.

First, I do not know whether the majority of nurse educators in A.D.N. programs are not really eager to try or to adopt new and changing concepts of technology. Perhaps this is true. Frankly, I find student pressure to follow the path of tradition frequently greater than faculty pressure. However, the number of A.D. nurse educators raising questions, eager to find and try new curriculum patterns and methods of teaching, is not small. The obstacles are many, but the desire is there. I have not yet seen a crystallization of a single model curriculum in the A.D.N. program that everyone feels compelled to follow. At least, so far, this is a healthy sign.

I, too, deplore the tendency to open A.D.N. programs in community colleges simply because it is the popular thing to do. And I am afraid it has become the popular thing to do. There are so many questions that need to be answered before this step is taken. Is there a need for the product in the community? Will the program be supported with understanding by the community and the college? Does the college have the necessary teaching facilities and finances? (The nursing program is not usually the cheapest one on the campus.) Do adequate clinical facilities exist and can they be used appropriately? Can prepared nursing faculty be obtained? These are some of the many questions that must be answered affirmatively, but all too often the questions are not asked or negative answers are not taken into consideration. There is a nursing shortage throughout the country, so, since we are to meet community needs, we will prepare nurses whether we should or not. This is not meant to imply that all A.D.N. programs are opened without careful preplanning. But too many are.

The question of support from the college and the hospital is a serious one. It is almost impossible to conduct a quality program without both. To keep a nursing curriculum within reasonable credit bounds is difficult if the college graduation requirements are excessive and rigid and if the curriculum committee is completely dominated by the liberal arts traditionists who are interested primarily in transfer programs. As far as hospitals are concerned, we have undergone a complete about-face--I can remember when we had trouble getting hospitals to let us in, and now the problem seems to be how to say No tactfully. This about-face has not been accompanied, however, with a clear-cut understanding of the facilities an educational program requires in a hospital. I am somewhat tired of preconferences held in a corner under a loudspeaker constantly blaring requests for personnel to please call number so-and-so. I am somewhat tired of post conferences held in out-of-the-way, hot, unventilated rooms, where the use of a group discussion teaching method is virtually impossible.

The question of state board failures, perhaps unfortunately, does not upset me as much as it does some people. I am reassured by the figures from New York State

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through the 1966 graduating classes that show 93 percent of the graduates registered one year after graduation and 95 percent registered two years after graduation. The remaining 5 percent are not totally lost since they are still eligible for the L.P.N. examination. And they may well constitute the best-prepared practical nurses we have.

With current knowledge it is impossible to say whether collegiate programs are preparing their students better for nursing practice and less so for the licensing examination or whether they are preparing them less well for both. What correlation exists between the ability to pass the licensing examination and the ability to give good or safe nursing care (if anyone really knows what that is) is uncertain at best.

However, I do agree that the question of rising state board failures needs study. Is the state board examination an appropriate tool to guarantee safety in practice, since that is its purpose? What does it measure? Is there a relationship between admission standards, curriculum pattern, graduates' grade point index, faculty qualifications, et cetera, and state board failure rates? Is there a better way to measure safety in nursing practice?

More seriously, I think we need to take a realistic look at the value of the credentials required to hold a license in the light of what is actually happening. Theoretically, where mandatory nurse practice acts exist, to practice nursing for hire as defined by law one must be licensed. In an emergency, when no R.N. or L.P.N. is available, a nurse's aide carries out the same assignment. In nursing we have a chronic emergency situation where workers such as nurse's aides function out-of-title and out-of-role constantly. I doubt if there is a state in the union with a mandatory nurse practice act where such an act can really be enforced. I think it is time we faced this fact and all of its implications.

The question of freedom and flexibility to change within the community college setting is influenced by many factors. The individual college philosophy, the state requirements for granting degrees, the state requirements for eligibility for the licensure examination, and the accreditation standards set by NLN are probably the most significant. The relative influence of these factors varies widely from state to state and from college to college. However, it has been my experience that there are ways around all of them if you happen to have the good luck to be in the right college in the right state. The influence of these factors needs to be constantly assessed and changes instituted where any one of the four factors has become an impediment to innovation and improvement.

That the A.D.N. curriculum cannot stay static is dictated by the explosion of knowledge in the health field, by the impact of automation, and by imminent changes in the patterns of delivery of health services. Private medical practice, so long the backbone of health care, is outmoded, ineffective, and expensive when measured against the rapidly rising health goals and health expectations of our population. The general hospital, now trying to become a community health center, will become a link in a chain of services. Group health services provided by complex teams of health workers in the community are already with us. They are demanding changes in the preparation of existing health workers, including the physician and the nurse, and are demanding the development of new types of workers. All of these factors--knowledge explosion, automation, changes in delivery of health services--must be reflected in the A.D.N. curriculum--and very soon.

This brings me to one of our very real problems--the time to think, to dream, and to plan. Not even the community college with its forward look provides much time for this. To get release time for faculty for this purpose is almost impossible. I hope the community college administrators here will take seriously a suggestion that their budgets realistically consider this aspect of faculty functions.

I would like to make brief comments on two other points Dr. Miner raised: (1) planning for change in nursing service and (2) who will perform patient-oriented personal care services? The need for changes in the provision of nursing services is overwhelming. The "nursing shortage" will not come to an end. The interchangeable use of the registered nurse, the practical nurse, and the nurse's aide has not provided the kind of nursing care that patients need. It is time we put our heads together and come up with something more satisfactory instead of accepting the status quo as inevitable or as some one group's fault.

As for the question, Who will give nursing care? I am tempted at this point to say, "Only God knows." But I do sincerely hope that the technical nurse will be part of that aspect of nursing and that whatever pattern for the provision of nursing services is developed, she will be close to the patient--whether the patient be in the home, in the health center, in the hospital, or wherever else nursing care is to be provided.

REACTION PAPER

Hazle W. Blakeney

As I read Dr. Miner's incisive and insightful paper, I found myself agreeing with so many of his comments that I had to bring myself up short and remind myself, with no little degree of firmness, that the program would be much shorter than was anticipated, to say nothing of being extremely disappointing, if my only reaction were a simple "I agree."

I am sure it was neither the intent nor, indeed, the effect of his speech to solicit accord, but rather to stimulate thought leading, hopefully, to a reassessment of present values and practices in associate degree nursing programs.

Because I am a nurse educator, supportive of and committed to associate degree preparation for nursing practice, I feel I can be less delicate than our main speaker and say that the associate degree nursing movement is failing to realize its potential because it attempts to achieve new goals by adhering to old and inadequate models and procedures. I would, however, disagree with Dr. Miner's analysis that teachers and students consciously seek to maintain the status quo. I am convinced that we are witnessing the "bandwagon" phenomenon and many are joining the associate degree nursing movement because it is the technical nursing program and because technology is playing so significant a role in the present and augurs of much more startling roles in the future. To be engaged in technical activity is the "in" thing.

The danger of this attitude is that it makes associate degree nursing something of a fad, and any fad trivializes a subject or idea and wears it out.[1]

Technology is the set of tools by which we extend human capabilities; it is not simply a machine, but a systematic, disciplined approach to objectives.[2] If this concept were applied precisely to preparation for nursing, it would be impossible for faculties to confuse and contaminate the learning situation, as they do, with the extraneous, ritualistic practices that serve no useful purpose and represent nothing more than "common practice."

No, fortunately, associate degree nursing is not a status quo symbol, but I fear it might be becoming something equally stultifying, and that is a status symbol. Let me say, quite categorically, that programs as poorly conceived and poorly implemented can and--I hesitate to say--are implemented under the associate degree program banner as under any other banner.

All new associate degree programs are not adequately researched before they are established. I know of one program that began--had admitted students--without a nurse administrator (or any other nurse teacher) and without the knowledge of the state board of nurse examiners. I mention this case as an extreme example. Few programs would be started under such inauspicious circumstances.

There is a part that associate degree nursing educators must play that will influence the uncontrolled development of these programs. Nurse educators should refuse to ac-

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cept the responsibility for leadership of programs so poorly conceived as to be doomed to failure. We must have the courage of our convictions and resist the persuasive power of money, the distinction of being first, and all the other inducements to which Dr. Miner referred.

Perhaps we nurse educators have been intimidated by the setting in which we find ourselves. Although much lip service is given to the concept of technical education, such programs are often accorded "stepchild" status in the college hierarchy. Nursing, having recently come into the setting, seems to have dual sources of insecurity--the need to demonstrate that it belongs in the college setting and the fact of its being a technical program.

We must be convinced of the logic of placement of nursing education programs in educational institutions; we must believe in the validity of direct preparation for the technical, or semiprofessional, level of nursing practice. I would suggest that if we were so convinced, and if we are true believers, then we would not use, as a measure of our effectiveness, the degree to which the state board scores of our graduates compare favorably with those of baccalaureate graduates. We would discover ways to bring to graduation and practice more nurses from the numbers who present themselves to us. Certainly, if practical nurses can be retrained to become registered nurses--and they have, if manpower development groups can be trained to become licensed practical nurses--and they have, we should be able to salvage more nurse potential from among the presumably qualified applicants we accept into our programs.

As hospital programs close (rather precipitously in some cases, I am afraid, but that is another story), I fear we shall begin to think in terms of rendering an educational service to that particular displaced group. Certainly, this group must be cared for. My concern is that we continue, as we began, to tap new and different human resources for nursing. This means we must not lose sight of the mature person, the minority groups, and the "late bloomers." The community college philosophy supports this posture, and we have precedents that should encourage the effort. Manpower development programs are successfully discovering ways to prepare functional health care personnel, and these efforts are implemented largely outside the structure of nursing education.

I realize I am vulnerable in this position, but I believe that nursing is compelled to see more promise in more people if it is going to insure "that the nursing needs of the people will be met." This is not a time for shortsightedness or picayune behavior. If we do not extend ourselves and move out to fill the vacuum of prepared nursing manpower, others will move in with personnel of some kind, but with, undoubtedly, considerable loss in quality of care.

I have an advantage here because I am free to react selectively to Dr. Miner's paper. His question, "Should the technical nurse ultimately do less and less patient care and take on more and more technical functions?" intrigues me. The question presents a paradox, for does not patient care include the technical functions of nursing? Or to say it another way, are there technical functions of nursing that do not involve patient care?

The lines marking the distinctive function of the professional nurse as opposed to that of the technical nurse are quite unclear. Much discussion, designed to clarify these distinctions, finally deteriorates to charges that associate degree education for nursing attempts to do too much in their programs. Such discussions are unproductive. A more useful alternative would be a definition of what additional skills the professional nurse should have and bring to bear on patients' problems. If Dorothy Johnson's very stimulating description of the nature of professional nursing[3] is an accurate one, then it is quite clear that much has to be done before role fulfillment by that group is accomplished.

I wonder if selected joint utilization of clinical agencies might not afford a kind of action research that would lead to fruitful hypotheses regarding the definition of the role and function of each practitioner. It is not useful to try to delineate specific tasks to define the differences, because there will always be overlapping in this area. Perhaps the safest gauge of differences would be the range of knowledge possessed by each and how this knowledge is translated into sensitivity to cues that give guidance in the identification and solution of patients' problems.

If we, the profession, cannot yet quite agree on what the distinction between technical and professional nurses is, at least faculties have had to agree as to what their specific goals are. A primary concern is improving the efficiency in the way people learn to achieve these goals. Learning is a very private matter; it is something each person does for himself. The computer and new media make possible the individualization of instruction. Harold Howe, United States Commissioner of Education, makes this very exciting comment, "The new media can do more than extend the scope of what is available to be learned; they can help us refine the learning process itself. . . . Via computer and related equipment, we may be able to determine the child's perceptual capacity, his cognitive style, and the host of other considerations that affect his studies."[4] Just think what an advantage this degree of insight about the learner would give the teacher, the learning diagnostician. Having discovered particular learning needs and knowing how the student approaches the learning process would permit the teacher to plan experiences directly relevant to the student's needs.

Neither "hardware" nor "software" will play a determining role in how future consequences of today's policy decisions will affect nursing. There are all sorts of tasks to be done in nursing care settings; it is up to us to arrange these tasks in proper job opportunities for a range of skill levels--professional and technical. Even in terms of present standards of care, patterns of delivery of services, and demands for care-manpower needs are created, both qualitatively and quantitatively. The unproductive preoccupation of nurses with the perennial debate of the differences between professional and technical nurses must yield to a consideration of how they can jointly supply the need for nursing care for our society.

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PROBLEMS AND ISSUES IN ACCREDITATION BY SPECIALIZED AGENCIES OF VOCATIONAL-TECHNICAL CURRICULA IN POSTSECONDARY INSTITUTIONS

Lloyd E. Messersmith

The topic of specialized accreditation certainly is not new or unusual in the annals of higher education. A superficial search of the literature would indicate a continuing concern on the part of professional associations in this regard since 1910, when Abraham Flexner published his now legendary document.

While the general topic of specialized accreditation may not be new, the discussion concerning it in the two-year college is of relatively recent origin. In fact, its application to the junior college and the various vocational-technical institutions at the post-high-school level is a topic of current concern and one that merits a significant amount of attention. It was in an attempt to focus this concern of the various parties that the Center for Research and Development in Higher Education became involved.

The increasing concern on the part of institutional leaders and the leadership of various organizations at the national level about the general topic of specialized accreditation at the post-high-school, prebaccalaureate level has provided a focus for the research effort under discussion. In 1961, the Board of Directors of the American Association of Junior Colleges (AAJC) passed a resolution asking for an evaluation by the National Commission on Accrediting (NCA) of the issues and problems in specialized accreditation at the two-year-college level. This effort on the part of junior college people was followed in September of the same year by a national meeting called by the American Vocational Association (AVA) to explore the possibility of a single accrediting agency for all vocational-technical education. These two actions provide a focus for the problem. In 1965 and early 1966, continuing discussion relative to specialized accreditation in prebaccalaureate institutions was carried out by several interest groups; namely, the National Commission on Accrediting, the American Association of Junior Colleges, the American Vocational Association, the U.S. Office of Education, and the Federation of Regional Accrediting Agencies.

The dialogue among these various groups was culminated early in 1966, when a steering committee of interested members sought out the Center and asked the director of that organization, Dr. Leland Medsker, to entertain the possibility of undertaking a study relating to the problems and issues in specialized accreditation at the two-year-college level. While expressing an interest in such an endeavor, Dr. Medsker felt that a full-blown, in-depth research project was ill-timed, since the dimensions of the problem were not apparent. Dr. Medsker agreed, however, to submit a proposal to the U.S. Office of Education for funds to conduct a short-term exploratory study. This study was to have as its base the identification of the various areas of impact, the delimitation of the problem, and the responsibility of making suggestions, if any, for additional research.

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Project Formation and Research Design

The project was designed as exploratory in nature, with the goal of attempting a differentiation between significant issues and those that were, for some reason, perceived as significant by the various constituencies. It was recognized that a variety of complex social forces have, within the last few years, given rise to an unprecedented expansion of nonbaccalaureate educational institutions in the United States. Admittedly, the most phenomenal development has been the growth of the community college, but in addition, other institutions have either come into being or the importance of those previously established as postsecondary schools has been accentuated. These institutional types include technical institutes, area vocational schools, and lower-division units of four-year colleges in which technical-type programs are offered. It seemed to be beyond debate that an increasing percentage of the nation's high school graduates, as well as older youths and adults, would enter these types of institutions.

To provide a specific focus, the project proposed to survey and assess the basic issues that cluster around the general problem of accrediting activity at the prebaccalaureate level. These issues were reflected in questions such as: To what extent is accreditation by specialized agencies a problem in the community colleges? What are the elements of the problem? How is it related to accreditation of two-year institutions by regional accrediting associations? How is it related to the activities and responsibilities of NCA? What facets of it are in need of further study in depth?

Specifically, it was proposed that answers be sought to such questions as the following:

1. What federal and/or state vocational-technical programs make accreditation a requirement for financial support? How specific is such a requirement?
2. To what extent are specialized agencies now approving curricula in two-year colleges? Is there an effort on the part of these associations and agencies to increase their effort to accredit these curricula?
3. What is the experience of such colleges with regard to this practice? Is there evidence that specialized accreditation either inhibits or promotes the development of occupational programs? Does accreditation by a specialized agency tend to make students more employable? What is the impact of specialized accreditation on the general education content of vocational or semiprofessional curricula?
4. Are professional associations interested only in high-level semiprofessional and technical programs or is there a tendency for them to extend their interests for the accreditation of lower-level courses in the trades or in the preparation of skilled workers of various kinds?
5. To what extent are regional accrediting associations assessing vocational programs in their evaluation of the total institution? What are the criteria used by the regional associations in evaluating these two-year-college programs? in evaluating occupational programs within two-year colleges?
6. To what extent do the activities of NCA have relevance to the general problem? In addition to this involvement, what relationships should exist between a specialized agency and the institution?
7. What is the relationship between specialized accreditation and licensure?

It was assumed that a variety of activities and procedures would be utilized in considering the questions outlined above. Some of the more relevant activities conducted were:

1. An analysis of the relevant federal and state legislation pertaining to vocational education and its involvement with the accreditation process.
2. The use of questionnaires and interviews with a national sample of junior colleges and other two-year institutions in an attempt to synthesize thought concerning the problem at the institutional level.
3. Interviews with representatives of various professional agencies involved in specialized accreditation.
4. Collection and analysis of materials from the regional associations concerning their activity and its impact on the general problem under discussion.

These activities were carried out over approximately a six-month period in an attempt to collect, quantify, and evaluate information about activities of specialized accrediting agencies.

The questionnaire was used as a tool in three areas. The first was institution-based, where perceptions and ideas of instructors and administrators who had responsibilities in the general area of vocational-technical education were sought on a series of issues. Two additional questionnaires were developed to elicit information from the regional accrediting agencies and from the specialized accrediting agencies.

A series of loosely structured interviews were held with representatives of the professional associations involved in the accrediting function, as well as with representatives of the regional associations. In addition to the accrediting groups, interviews were held with members of those bodies whose members solicit or submit to accreditation, such as AAJC and AVA. The purpose of the interviews was to accumulate information about the issues and to attempt some clarification of the role that each of the parties should play in the total enterprise. The review of legal and institutional materials allowed for a synthesis of the thinking that had led up to some of the issues under discussion.

The institutional questionnaire involved a group of 49 institutions representing 19 states in the continental United States. The sample was selected by the stratified random-sample technique from institutions listed in the 1966 AAJC Directory. The initial sample was stratified on the basis of those institutions that met the imposed criteria and that had experienced accreditation by a specialized agency. A second sample was selected that met the criteria outlined but that had not received accreditation by a specialized agency. A third group of institutions that was not part of the random sample included those special-interest institutions nominated to the study team by a variety of knowledgeable individuals throughout the United States. These institutions were selected on the basis of their experience with specialized accrediting agencies and their commitment to train specialized personnel for immediate employment separate and apart from that commitment as known in the comprehensive community college.

The Professional Association and Its Accrediting Agency

It would be difficult to argue with the thesis that the development in the United States of two styles of voluntary accreditation has been beneficial to higher education. Protection of the health and welfare of the population has been provided through specialized accreditation, while institutions have been upgraded through the goals and procedures of the regional accrediting agency. The development of two styles of voluntary accreditation had not always been regarded as positive, however, and the problems associated with each have been well documented. The problems associated with the accrediting of professional or subprofessional programs of study are specific enough to elicit concern and investigation.

To spend a great amount of time reviewing for this group the history and development of the professional association would be ill-advised, as would a review of the early history of efforts to contain and control accrediting activity. The struggle of the joint committee in the 1930's and early 1940's and, of course, the early history of NCA in the late 1940's and early 1950's are well documented, and they pinpoint the trials and tribulations faced by organizations that have a concern for a quality educational program.

Once the community college began making an impact as a training agency in fields other than the trades, it became of interest to the professional association. The attraction was mutual, for not only the products of these preprofessional programs were interested in the advantages of the various organizations but the instructors who taught in and administered the programs in the colleges were interested as well. While there was some accrediting activity at the two-year-college level in the early 1940's, it was not until the Veterans' Readjustment Act brought many returning veterans to the community college campus and the programs of training began to diversify that specialized accreditation began to be widely discussed. As a consequence of a lengthy orientation to the public school program, the two-year college was slow to seek accreditation status. It was not until the late 1950's that community colleges in any numbers began to seek regional accreditation. If regional accreditation came slowly, accrediting of specialized, specific programs came even more slowly. While the administrators developed anxieties about the problems of proliferation during this period, their concerns were based on what might happen rather than what actually was happening in the various institutions.

As mentioned previously in 1961, AAJC asked for some evaluation of the programs in operation, and its representatives on the National Commission undertook a study to determine the amount of accrediting activity at that point. At that time, NCA had considered and recognized 23 professional associations (this in addition to the six regional associations). Study teams surveyed those associations carrying on specialized accrediting activity and found a limited amount of activity on the part of some agencies in the two-year college. Based on their 1961 evaluation, the study team reported in 1962 that: "Only a few of those accrediting agencies are interested, as far as accreditation is involved, in programs of study offered by junior colleges." It was pointed out by the team, however, that pressure for specialized accreditation was bound to increase. It has been a continuing supposition on the part of those in two-year colleges that while pressures for specialized accreditation are now slight, they are bound to increase.

The Present Status of Accrediting Activity in the Community College

In January, 1967, accrediting agencies recognized by NCA were contacted and asked two basic questions: (1) Do you now accredit programs of training in the two-year college? and (2) What are the plans of your association in regard to accrediting activity at the two-year-college level in the next five years? Six of the 28 agencies were excluded from consideration because of their specific nature (such as dentistry, law, medicine, theology, psychology, et cetera). Twenty of the 22 agencies contacted replied to the original inquiry. The 20 accrediting bodies responding were represented by 17 agencies and executive officers, with the representative from the Council on Medical Education representing 4 separate professional associations. Of the 17 responses, 5 organizations are engaged in accrediting activity, including the Council on Medical Education, which is involved in accrediting a total of 4 separate training programs. Four of the organizations replied that they had discussed the community college, or two-year-program, issue but had no plans to accredit programs in these institutions in the next five years. The 8 remaining agencies indicated that they not only did not engage in accrediting activity at the two-year-program level but they had not even discussed the possibility of doing so. The survey indicates, then, that of a total of 28 organizations recognized by NCA as accrediting agencies, 5 have actually accredited programs of study found at the two-year-college level. (The 5 agencies involved are: (1) the Council on Dental Education, (2) the Engineers' Council for Professional Development, (3) the Council on Medical Education, (4) the National Association of Schools of Music, and (5) the National League for Nursing. It is interesting to note that only 2 of the total number have the sanction of NCA to accredit programs of study at this level.)

Five accrediting organizations have interest in 10 specific training programs. Engineering, nursing, and music are concerned with 1 program each; medical education is involved with 4 programs of training in the allied health field; while dentistry is interested in 3 programs in the auxiliary skilled area. A total of 8 of the 28 agencies expressed an interest in accrediting at this level. This interest is limited, however, to five fields of study: medicine, dentistry, nursing, engineering, and music.

Medicine.--The Council on Medical Education has established accrediting procedures in four fields of training found in two-year colleges: (1) x-ray technology, (2) medical record technology, (3) inhalation therapy, and (4) cytotechnology. At the present time, 51 approved programs of training are found in 48 community colleges. There are 3 two-year colleges that support approved programs in two of the four areas of training. These 51 programs represent somewhat less than 5 percent of the total 1,090 programs of training approved by AMA as of June 30, 1966.

Dentistry.--The Council on Dental Education accredits or approves programs in three areas: dental laboratory technician, dental assisting, and dental hygiene. These three types of training programs (a total of 61) are to be found in 55 community colleges. Six community colleges support approved programs in at least two areas of study, but there is no community college that supports all three areas.

Nursing.--The National League for Nursing has petitioned NCA for the privilege of accrediting programs of training at the two-year-college level. While NCA has gone on record as supporting the need for accrediting activity at this level, it has delayed a final decision on the matter. Because of the enactment of federal legislation specifying criteria for financial assistance, the problem of community colleges in nurse training programs is acute. Prior to the passage of the first health-related legislation in 1963, there were 6 accredited associate degree programs, 3 of which were in community colleges. To meet the requirements of legislation, a new category was established entitled "reasonable assurance of accreditation." The intent of this category was basically to allow institutions to qualify for financial assistance under the federal legislation. Many junior colleges have taken advantage of the "reasonable assurance" category, but as of November 1, 1966, only 6 had received full NLN accreditation and 5 more were awaiting site visits. Over 200 associate degree nursing programs have been established, primarily in two-year colleges. Of the 203 associate degree programs in operation in November, 1966, only 91 had either full accreditation or reasonable assurance of accreditation.

Engineering.--The Engineers' Council for Professional Development became interested in accrediting training programs in community colleges in the 1940's. In November, 1966, the organization reported 33 separate programs of training found in 9 institutions listed in the 1967 Junior College Directory. The number of approved programs or curricula varied from 1 to 6 per institution.

Music.--As noted previously, the National Association of Schools of Music accepts community college members. In December of 1966, they had 10 community college members and stated, "To the extent that membership constitutes accreditation, those institutions are accredited."

At the present time, specialized accrediting activity in community colleges presents a somewhat confused picture. Assuming that those institutions scheduled for site visits at the time this study was conducted all received full accreditation by NLN, the number of different programs accredited in all disciplines would total 136. Adding those institutions carrying the "reasonable assurance" category from NLN would make the total 181. These figures do not, however, represent 181 different institutions, since some colleges have as many as 5 accredited programs. A total of 26 institutions have more than 1 accredited program. When the multiprogram institutions are eliminated, there remains a total of 102 separate institutions with house-accredited programs of study. This total reflects the accrediting activity at the two-year-college level of the 28 members of the National Commission. The number does not include activity of the regional associations, state departments of education, or other agencies or organizations that accredit without the sanction of the National Commission.

The increase in accrediting activity (with the exception of the "reasonable assurance" category of NLN) has been very slight since the 1962 study of the AAJC Commission members. In fact, when compared with the increase in the number of new institutions established, specialized accrediting activity has actually declined. The same organizations that were accrediting in 1961 are still involved, but activity in some has actually lessened. Increased activity is found, however, in the health-related fields.

As mentioned previously, each of the accrediting agencies was contacted and asked to indicate its interest in accrediting. Each agency that indicated an interest in accrediting programs of study at the two-year-college level was again contacted and asked to cooperate in the supplementary questionnaire. The questionnaire was concerned with items such as: (1) attitude toward a level of accrediting activity, (2) cooperative role and expanded representation, (3) licensure and entry-level skills, and (4) institutional relationships. While there is not time in this presentation to pinpoint the reactions and comments from all of the agencies, it is possible to make a few summary remarks concerning their attitudes. The agencies responding to the questionnaire indicated an increase in cooperation with other accrediting groups. They did not project a great increase in accrediting activity. Instead, they saw a movement toward increased assistance to their various memberships.

While the specialized agencies indicated willingness to cooperate with the various regional associations, they did not see their role as that of consultant. They continued to insist upon the privilege of accrediting programs in those institutions that applied to them for membership. The agencies were not as confident, however, when discussing job entry-level skills and, with one exception, had not been able to document the types of specific skills needed for young members of their various work groups.

In spite of the findings relative to the activity of the various specialized agencies at the community college level, the two-year colleges themselves are still concerned. AAJC continues to voice its disapproval of specialized accreditation at this level and asks that the regional accrediting agency expand its efforts toward program accreditation. An interesting fact is that the relatively small number of institutions that support accredited programs have the support of NCA. The largest number of programs found in the community colleges that are accredited by professional or specialized agencies represent organizations that accredit at this level without the sanction of NCA. Perhaps this is part of the total problem that both NCA and AAJC face; that is, the inability to gain grass-roots support for their stand on this issue.

The history of work groups would lead us to assume that new associations will continue to form and that these associations will attempt to establish criteria for new group members. As the new technology continues to be a factor, so will proliferation of work groups. The existence of the NCA, however, gives the community college a great advantage in working out the problems associated with this continued growth. The concerns of the community college regarding increased activity on the part of the specialized agencies have not been borne out in fact. Furthermore, methodology does seem to be available to keep this from becoming a larger problem in the future.

The Institution and the Accrediting Agency

In addition to the role the agency plays in relation to the institution, there was a corollary area of investigation, that of the institution's attitude toward the accrediting process. A major concern in this project was the role played by the specialized agency and the way this was interpreted by the institution and its membership. As already reported, a questionnaire was devised for administration to a random sample of institutions. In a report such as this, it would be impossible to report all of the primary quantifications of data from the questionnaire. Rather than try to play the "numbers game," as it were, the returns will simply be interpreted according to some broad areas of impact.

The relationship of the institution to the specialized agency and the way the institution perceives that relationship are of great significance. The agency sees itself as providing a valuable service to the institution and, at the same time, providing for the health and welfare of the public. The institution, on the other hand, has been prone to criticize the agency as being of marginal value and too costly for the institution to consider.

The questionnaire sought attitudes and orientations relating to such areas of concern as the role of the regional association as seen by the institution and the opportunity for modification or change of that role. The relationship of the specialized agency to program development was considered as was the modification of institutional policy to accommodate various vocational-technical programs. In addition, it was felt necessary to attempt some assessment of the level of general education that was available in the various programs and to have this compared with that found in other segments of the institution. Two of the primary problems that community colleges have attributed to specialized accreditation relate to cost and proliferation. The questionnaire attempted to gauge the concerns on the part of the selected institutions in these areas, as well as some companion areas relating to pressure in institutional accommodation.

In response to the inquiry, staff in the institutions felt that the regional associations' site teams were not adequately staffed to properly evaluate the many programs leading directly to employment. There seemed to be a general feeling that the criteria utilized by the regional associations in evaluating vocational training programs were not meaningful and that some attempt should be made to modify existing procedures. The institutions expressed the feeling, however, that the regional association is a legitimate agency to have concern about their problems but that it should revise or modify its criteria and procedures to accommodate specific program accreditation. The general tone of the responses indicated that separate program evaluation was legitimate and should continue. The institutions felt, however, that it would be helpful to have such evaluation made by the regional association and not the specialized agency. When queried about the role of the specialized agency in relation to program development, the responses, in essence, were neuter. The institutions felt that the specialized agency did little to assist with the development of programs, but at the same time, they said that the criteria imposed by the agency did not retard program growth. While many specialized agencies provide assistance to institutions initiating programs, institutional representatives felt that this was not a factor, either way, in the growth and development of a program. In addition, the data indicated that accreditation by a specialized agency was not a major factor in the employability of the graduates of that program. These points of view are significant since most agencies predicate their value on the role they play in assisting new programs, and in addition, they feel that specialized accreditation is a very positive factor in gaining employment for graduates. Data from the institutions did not reflect this attitude.

Vocational-technical education at the post-high-school level has historically suffered from the standpoint of image. Recognizing the need for this type of educational opportunity, two-year colleges offer many programs and have attempted in many ways to meet the employment needs of students and the community. In an attempt to clarify some of the thinking in this realm, information was solicited regarding the modification of institutional policy to accommodate the various programs leading to employment. The institutional respondents indicated that they deviated from stated policy both to employ staff and to admit students to the various programs. This was done, however, without regard to accrediting style or number of programs in operation within the institution. Many of the institutions indicated that to accommodate vocational-technical programs, they took license with stated policy in regard to grading practices and, in many instances, with regard to the requirements necessary for graduation.

Most vocational-technical programs have a general education requirement, but in the majority of instances, it was not the same as that required for other segments of the institution. While some differences existed among the groups of institutions when separated by accrediting style, these differences did not seem defensible on that basis alone. The general education function was accepted by the institution as necessary, and the institutions appeared willing to accommodate those deviations from stated policy that were necessary to make various instructional programs operational.

Institutions seemed to sense increasing pressure for specialized accreditation but not necessarily from inside the institution. There was a general feeling that pressures were developing outside the institution and, in concert with that brought about by the instructional staff, were making their presence felt.

Cost of accrediting activity has been of concern to the institution. A study of printed costs did not indicate that these apprehensions were legitimate, however. With one exception, the dollar costs were moderate, and in many instances, the services were provided without cost to the institution. While it was not possible to evaluate time costs in terms of committee hours and allocations of persons to do the necessary preparation for the site visit, the general tone was that cost was not a legitimate concern as far as the institution is concerned.

Summary

Two-year institutions are anxious about the activities of the specialized accrediting agency, but they also have concerns about the regional associations. If a general opinion could be noted, it was the sympathy with separate program accreditation but under the purview of the regional association. Institutional representatives felt, however, that in order for the regional association to perform this task, it would have to reevaluate its primary methodology and change its operational scheme to include more specialists, to broaden its scope, and to become increasingly sophisticated about the technologies. They did not see this modification in emphasis, however, as compromising the integrity of the regional association or as forcing it to deviate from its role as an institutional accrediting agency.

If we were to attempt some conclusions, they would go as follows:

1. The amount of accrediting by specialized agencies, with the exception of the allied health field, is not growing at a very rapid rate. Institutional acceptance of regional accrediting is, on the other hand, increasing at a significant pace.
2. Institutions included in the sample were in sympathy with the idea of program accreditation. They felt that the opportunity to expose their programs and ideas to a body of peers external to their own organization was of value. This does not mean, however, that they support the concept of the specialized agency, but rather that they would like to see program accreditation as part of the total institutional evaluation by the regional accrediting agency.
3. The regional accrediting agency seems to have been dysfunctional in many of its efforts at the two-year-college level, but in spite of this, the participants in the study felt that the regional agency should be the agency to accredit separate programs. Respondents were critical of the mechanical and philosophical stance sometimes developed by regional associations but felt that they did have the potential to accomplish what needs to be done. (We support the concept philosophically but have serious doubts whether, as presently organized, the regional association has the capacity, either budgetary or philosophical, to do the job being asked of it by two-year institutions.)
4. There is a complete rejection of the concept of accreditation by the U.S. Office of Education.
5. Professional or specialized accreditation is of concern for many reasons, not the least of which is its intimate relationship to licensure. While the study did attempt to explore or define issues in the area of professional licensing, the issue does not have a direct bearing on the accrediting of specific programs. As associations form and attempt to raise the standards of their members, they have historically, directly or indirectly, sponsored licensing legislation. This community status has been a primary need of peer groups. The use of lists published by the various specialized agencies as conditions for eligibility for writing various state board examinations would seem to us to be an extremely dangerous practice and one that puts the candidates at a serious disadvantage.
6. There is concern within the institutions relative to specialized accreditation. There was a rather undefinable anxiety that seemed related to a vague fear of loss of institutional autonomy. The anxiety found in the institution, if given any focus, seemed, however, to be directed more toward restrictive legislation than to any agency per se.

While there are many more statements that could be made concerning the data that have been discussed previously, perhaps the foregoing will set the stage for some of the implications that we see involved in the total problem.

Implications and Recommendations

This project did not assume the responsibility of defining any specific limits or reaching any conclusions other than to assess the total issue of specialized accreditation. While this has been the primary aim of the research effort, some points seemed relatively obvious and perhaps could be put forth as points of reference in the area of specialized accreditation.

1. The study team supports the cooperative approach as put forth by the NCA in their position statement of April 1. It is felt that this is the only sound approach to accomplish what all concerned feel must be accomplished. This is not to say that the specialized agency should lose its identity.
2. The study team supports, as a by-product of item 1, the concept of the dual system of voluntary accreditation. Evidence indicates that both accrediting styles have a significant and meaningful history, and there is logic to support the continuation of such a history. We are not able to agree philosophically that only one accrediting style should be available to the institution; indeed, our entire philosophy of democracy is built upon such a pluralistic system.
3. We believe that if the regional associations are to play a more important role in accrediting specific programs, the Federation of these associations must make a significant and major effort to provide philosophically and operationally the services so badly needed.
4. While there is no doubt that the specialized agency could erode the autonomy of an institution, this did not seem to be evident. There was significant evidence, however, that the greatest threat to institutional autonomy comes from restrictive legislation, such as the Nurse Training Act, which retards and restricts institutional freedom by tying funding to specific accrediting styles. There is every indication that if some effort is not made to modify this legislation, the very fabric of voluntary accreditation is threatened and that future legislation relating to higher education will carry much of the overtone of past vocational-technical education legislation, which has been restrictive in that it is tied to specific programs for specific periods of time.

An interesting corollary might be pointed out at this time regarding the basic intent of the study. When the Center for Research and Development in Higher Education became involved in this exploratory effort, there was general consensus from the national leadership that junior colleges rejected program accreditation and that those special-interest institutions, primarily in the vocational-technical area, were disillusioned because they did not have access to the regional accrediting association. This investigation, limited though it was, has highlighted the interesting fact that the special-interest institutions do not seem as interested in having access to the regional association as one might expect and, conversely, that the junior college is not as opposed to program accreditation as one might postulate.

This report has attempted to evaluate some of the issues raised in regard to the activity of specialized accrediting agencies in the junior college. Conceived as an exploratory effort with the goal of assigning some priority to future investigations, the undertaking has been of value. The specialized agency is of concern to the two-year college, since it has the capacity to ask for compliance to conditions that the institution feels are inappropriate.

There are indications that vocational-technical education, as such, is less able to tolerate pressure than are some other institutional parts. The rationale for this is well documented in the report and relates primarily to methods of funding, community acceptance, and student support. It would seem imperative that efforts be put forth to institutionalize occupational education, as it were, so that it can tolerate and react in a meaningful way to the variety of pressures that will present themselves to the institution.

This exploratory effort would suggest that some of the problems faced by the institution in regard to specialized accreditation are sociological in nature. The ambivalence noted in questionnaire responses relating to the focus of pressure for and against accreditation supports this. Institutional representatives were not able to define either the focus of the pressure or those who were responsible for that pressure, but they were convinced that pressures did, in fact, exist. There would seem to be a need for an in-depth study of some of the issues that have been alluded to in this report. This report has indicated an apparent discrepancy between the expressed goals of the specialized agency and the values the institution attaches to that accreditation. The agency visualizes its primary goal as one of protecting the health and welfare of the public. This rationale is then utilized as a device to control entry into the field of work. The institution, to the contrary, sees specialized accreditation, first, as a device to increase institutional and instructor prestige to attract their students and to assist in procuring funds for program operation. Second, the institution sees accreditation as a device to assist with program improvement.

While this study has not attempted to deal with the problems of licensing, involvement in the issue is difficult to avoid. Licensing and specialized accreditation are linked in many ways, and it would seem imperative that a major investigation of this relationship be made. The political nature of the licensing board and the control that it exerts over many of the training programs are significant and certainly worthy of investigation.

The history of voluntary accreditation is filled with misunderstanding; it is mandatory that this atmosphere be modified. The information accumulated in this investigation indicated that procedures are available that could go a long way toward a solution of the current problem. What is needed is a major effort supported by agency and institution alike to work for implementation of mutually acceptable procedures for the good of both the professional association and the institution.

The tension between institutional independence and public accountability will undoubtedly grow in intensity. This tension will be complicated by increased stress between the desire for autonomy and the pressure for coordinated effort. The existence of tensions and stress will require not only statesmanship but sincere effort on the part of all concerned. As T. R. McConnell has observed, the agency and the institution should "serve the broader public interest while preserving the identity, integrity, initiative, and morale of individual institutions. . ."[1]

Our efforts here this evening have been to put forth in a short period of time the design and results of an exploratory study seeking to define some of the issues and problems in accreditation of postsecondary institutions by specialized agencies. It is our hope that in some small way we have been able to add to the rapidly developing body of knowledge in this most important area.

Reference

1. National Commission on Accrediting, Conference on Accreditation, September 21-22, 1967, Washington, D.C.

STATE BOARD EXAMINATION = LICENSURE + YIELD

Seymour Eskow

I am here today to try to make a case against excellence in associate degree nursing education--or, more precisely, a case against one view of excellence that is widely prevalent today in American higher education and among those responsible for professional and technical education.

I refer to that version of excellence that emphasizes, first of all, high admission standards for prospective nurses. In New York State the majority of associate degree nursing programs are avowedly selective; they announce that candidates must be in the top half or top third of their high school class or have a certain average or certain test scores. Other programs become selective by constriction rather than by criteria; they admit only 50 when 500 apply. (There may be reasons for such constriction other than the desire to be selective, such as space, clinical facilities, and qualified faculty.) I submit that it can be demonstrated that a policy of high selectivity is not in the best interest of the nation, the nursing community, or the young people who are denied admission and thus denied their careers as registered nurses.

The case for selectivity is clear:

1. If students are academically superior, the instructional program can be commensurately superior; more can be taught to such students in a given period of time.
2. Superior students will survive academically in larger numbers, reducing cost per graduate produced.
3. Most importantly, the argument would be that superior students make superior practitioners, raising the level of the professions and insuring superior patient care.

One way of validating this care would be to refer to state boards. We would expect the students who are superior on admission to have higher first-time passing rates and higher mean scores than the less able. They do. State boards, like other paper-and-pencil tests, are measures of general intelligence and verbal ability, and our abler students perform superbly.

Now, what would we expect to happen in the nonselective programs: those enrolling many students from the bottom half of the high school class? We might expect:

1. An academic program of lesser scope and quality as instructors slow instruction for the benefit of the less able.
2. A higher attrition rate as the less able find themselves unable to cope; thus a more expensive program.
3. Poor success on the licensing examination; more human frustration.

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4. Perhaps a lower level of patient care, because the less able might make poorer practitioners.

I think that is a reasonably fair statement of the case for "selective admissions" and against the "open-door" policy.

In a moment I want to turn to some evidence that suggests that the selective approach to nursing admissions ought not to be institutionalized, or nationalized, that this approach costs our country thousands of nurses and prevents thousands of young people from "becoming all that they are capable of being."

First, however, I should like to discuss the concept of yield--a word not widely used in nursing circles.

In ANA's 1967 Facts About Nursing it is reported that in our hospitals alone there is a shortage of 80,000 nurses. Let's imagine that the typical nursing program admits 100 students, graduates 50 of them, and that all 50 become licensed. One hundred students yield 50 nurses. Our yield per 100 enrolled is 50. To produce 80,000 nurses, we would need to enroll 160,000 students. One measure of yield, then, is what I call enrollment yield.

Let's suppose further that the typical nursing program accepts only 1 out of every 2 applicants enrolled. This program would have to receive 320,000 applications, from which they then would select 160,000 students, who would become 80,000 registered nurses. Four applicants would produce 1 nurse. Another measure of yield, then, is applicant yield.

We have some information on enrollment yield of associate degree nursing programs nationally. According to the 1967 Facts About Nursing, the typical associate degree nursing program graduates 56 percent of its admitted students. If every graduate passed state boards, on the first attempt or a repeat, the enrollment yield would be 56 percent. We know this is not so.

Let's assume that 90 to 95 percent pass eventually. Our programs, then, are yielding 50 to 53 nurses for every 100 admitted.

There is no information on applicant yield. This might be a consideration for ANA in the research efforts for the 1968 Facts About Nursing.

Let me describe for you what happened in one associate degree nursing program--ours at Rockland Community College. These are the results of our first five years of operation as an "open-door," "nonselective" program. We ask you if our "open-door" posture is defensible or if we should abandon it in favor of selectivity and excellence.

1. Two hundred and thirty five students applied; 235 were admitted--no selectivity at all. If they said they wanted to be nurses, they were in.

2. By any academic criteria you care to use, these students were poor academic risks; low high school averages; from the bottom half of the class.

3. Specifically:
   a. One hundred and sixty-one of the 235 students had high school averages of less than 80 percent or equivalent averages; thus almost 70 percent of our students were from the bottom half of the class.
   b. About one-third had averages of less than 75 percent.
   c. Twenty students had averages of less than 70 percent.

You would expect our graduates to have low median state board scores. You are right. They do. You would expect our graduates to have a low first-time passing rate on the state boards. You are right. Only 53 percent of our graduates passed state boards the first time. All those who visit us, accreditors, State Education Department representatives, graduate students, faculties from other colleges, and some of our own liberal arts faculty, point out this low first-time passing rate to us.

I believe that all of them are missing the important figures: Of the 235 students admitted, 131, or 55 percent, are now registered nurses. Our yield per 100 admitted seems just a bit better than the national average, despite the apparent poor quality of our student body.

This is the way it happened. Of the 235 students admitted, 147, or 63 percent, graduated. Of these 147, 78 passed the boards on the first attempt; 53 passed subsequently. Total registered nurses--131. By now, 88 percent of our graduates are licensed.

Look more closely at the 161 students with high school averages of less than 80 percent; these are the students who perhaps should have been rejected. Of these 161 students, 98, or 60 percent, graduated. Of the 98 graduates, 81 are now licensed. Forty-two were licensed on their first attempt; 39 on subsequent attempts.

Most important, of the 161 high-risk students enrolled, 81, or 50 percent, are now registered nurses. This compares favorably with the national enrollment yield.

I submit to you that the national interest and the nursing community would not have been better served if we had denied these students access to the program. And I know that the 81 students now holding licenses would have been denied the opportunity to use their abilities and their commitment to the fullest.

What would have been served by denying these students admission? The status of our college or perhaps the perception of our college in the eyes of state officials and accreditors? Our 80+ students have a far higher first-time passing rate, and their board scores are higher. We would have presented ourselves as being one kind of "excellent" by the simple expedient of shutting the admission door. We become excellent--and the community becomes poorer by 81 nurses.

Ladies and gentlemen, our society needs bedside nurses and other health technicians. In that vast reservoir of young people traditionally considered unfit for higher and technical education, there is the manpower to meet our needs. They can learn if they are motivated and taught by dedicated teachers. They must learn if they are to function effectively in a society that has no work for those who are denied an education.

I ask you to open your doors to these students--for their sake, for your sake, and for the sake of all of us who need what they have to contribute.

STATE BOARD EXAMINATIONS--LICENSURE AND YIELD

Virginia Z. Barham

I should like to start this presentation with the usual formal "ladies and gentlemen," but, instead, I have chosen the word "friends." This is intentional, because I want to acknowledge before my remarks that I do consider you my friends, and this is the only reason that I feel free to continue. Some of what I have to say this morning will not receive agreement from some of you here. But I have been assured by National League for Nursing staff that I could "react to the subject," thus enabling me to feel comfortable in my presentation. Besides, I am not asking for agreement, but rather, some careful analysis of present practices.

Shakespeare is supposed to have said, "Men of few words are the best men." Apparently, I cannot be considered one of the "best," as I have never been able to confine myself to a few words. As I have been allotted a specified period of time this morning, I have prepared my remarks in written form. If you will bear with me as I refer to this prepared presentation, I will promise to stay within the limits of the time allotted.

The topic under discussion this morning is the State Board Test Pool Examination. This is the examination used by boards of nursing in all states to measure the competency of applicants for licensure to practice nursing. Licensure is the key word in that sentence, because if it were not for licensure, we probably would not need the State Board Test Pool Examination. So I should like to take the first few minutes to examine the licensure process and function.

Way back in 1934, a man by the name of Miller presented a report on "The Philosophy of Professional Licensure" to the Annual Congress on Medical Education, Licensure, and Hospitals. Among his statements was the following:

> The purpose of professional licensure is to secure to society the benefits that come from the services of a highly skilled group and, on the other hand, to protect society from those who are not highly skilled yet profess to be, or from those who being highly skilled, are nevertheless so unprincipled as to misuse their superior knowledge to the disadvantage of the people. (1:1)

In 1968, 34 years later, the purpose of licensure appears unchanged.

In California, the combination of the two general requirements for licensure has been agreed upon: (1) that the applicant has completed the approved curriculum (graduation from an accredited nursing program) and (2) that the applicant demonstrate his individual competency by successfully passing an examination (the State Board Test Pool Examination). When these two criteria are met, the individual receives his license to practice as a registered nurse in California.

The great purpose of licensing laws is to protect the public. Thus, the terms licensure and safe practice become related. The professional nursing association has assumed the responsibility for setting standards for the profession, and the state boards

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of nursing have been charged by the state governments to implement the standards developed by the profession. It is because the licensing examination has been said to measure competency for safe practice, and this is legally defined as minimum competence to be a safe practitioner, that the same examination can be used for candidates who are graduates of all types of state-accredited schools of nursing--baccalaureate, associate degree, and diploma. Legally, the minimum level of safety is the same for all practitioners.

Standard scores were adopted as a means of expediting licensure between states, since the meaning of the standard score in one jurisdiction is identical with that in any other jurisdiction. After careful study, it was recommended by the Council of State Boards of Nursing that the passing score be set at one and one-half standard deviations below the national mean. Members of the council established a common score on each test that could be accepted as the minimum level of performance for licensure. (3:7)

Now I can relate a personal bias. If a minimum level of preparation has been established that legally determines a safe practitioner, then either the examinee is safe or he is not safe, either he passes the examination or he fails the examination. In educational jargon then, the State Board Test Pool Examination could be classified as a "comprehensive" examination--a method by which it is determined whether a body of knowledge has been comprehended or not. It is not intended to mean that the individual is "good," "bad," or "indifferent," but, rather it is to determine whether he has reached a point where his knowledge is sufficient to allow him to proceed to a next step. It is my belief that a grade of Pass or Fail would be much more in keeping with the purpose of the State Board Test Pool Examination and that the absence of published scores for the examinations would lessen the confusion and misinterpretation that is associated with ranking schools by scores or equating excellence with a high standard score.

In California, I am frequently confronted with the question of whether the associate degree programs are better than the diploma programs, or vice versa. The inference is that higher scores on State Board Test Pool Examinations indicate a school is "better" or a graduate is a "better" nurse. As no profession has as yet solved the problem of predictive validation of licensure tests, the assumption that some level of achievement is indicated by a specific score is a fallacy. (12:3)

Certainly there is an urgency to pass the licensing examination; unless an individual passes the examination, he cannot be licensed to practice. The request to participate on this panel asked that I relate this presentation to the "urgency of passing the State Board Test Pool Examination on the initial try." Before I continue, I should like to make it clear that I can only accept that statement, and my charge, with certain reservations. I will try to present my reasons for my belief that success on the first try might be important and why I have reservations about this importance.

If I were asked for the most important reason for such an urgency, I would have to say, "the individual involved." Our society is not very tolerant of failure. The emphasis on success is certainly a basic theme of our culture. The point is that failure is not a state to be accepted. It may be tolerated on the way to success, but it is success that is to be achieved. Our heroes are the kind created by Horatio Alger--not a failure among them.

Yet, as individuals we have the inalienable right to fail. Most of us have known failure in one form or another. If the license of a physician were revoked when one of his patients died, medicine soon would be back in the hands of witch doctors. The concept of "the right to fail" should be constantly before us. We must be sure that restrictions are not imposed that remove the individual's right to try. "The right to try always and necessarily involves the right to fail." (11:6) If our associate degree programs are really geared to accept an even more heterogeneous group than other nursing programs, that last statement becomes even more significant. I recall Dr. Montag's statement when she visited California in March, 1965: "Even Harvard Law School only guarantees that 90 percent of its graduates will ever pass the bar examination." Yet, we in nursing do not seem to want to operate with less than 100 percent. The time for realism is long overdue. The psychological effect of failure on the self-image is very real, but the inferences made by the individual's immediate society--in this case the nursing profession --are frequently very unreal.

At the national level, urgency for more registered nurses is easily documented. According to the National Advisory Commission on Health Manpower Study, the country will need 900,000 active nurses by 1975. According to the American Nurses' Association's Facts About Nursing, there are approximately 621,000 registered nurses practicing in the United States today. According to the survey conducted jointly by the United States Public Health Service and the American Hospital Association in 1966, almost 80,000 registered nurses are needed to fill the personnel needs in hospitals alone, and hospitals are only one of the users of registered nurses. Even in California, where I have been told that our needs "differ" from those of other areas of the country, our statistics indicate that we have only 90 percent of the recommended minimum given by the Surgeon General's Consultant Group on Nursing; and this is the statewide picture. Even within our state various areas range from 66 percent to 120 percent.

The need for registered nurses is a complex problem of which graduation statistics and licensure numbers are but partial factors. The attention given to the inactive nurse in recent months is another component. Programs of child care for working mothers is still another aspect of the total registered nurse population that is beginning to receive more attention. The fact remains, however, that there is a desperate need for registered nurses in today's health manpower needs, and the associate degree programs are producing only 9.5 percent of the graduates in the United States. (2:2253) California is doing a little better. It has been my pleasure to be involved in some aspects of California's associate degree nursing program since about 1955, and it has been a fascinating experience to watch its growth. With the graduating classes of the last school year, the associate degree programs accounted for 45.1 percent of the graduates in California--950 of the 2,103.

But statistics also produce fallacies. I can remember a research course that I took during my doctoral program in which one of the bits of information given to us was that "You can prove any point you wish with statistics." It took some time for that statement to produce its full impact, but I have been well aware of its implications many times since. The State Board Test Pool Examination is one example. In 1967, California gave the examination to 2,053 applicants; there were 171 failures, which is quoted as an 8.3 percent failure rate. Stated differently, about 8 out of every 100 applicants who took the examination failed to pass on their initial attempt.

The mechanics of the procedure allows the applicant to repeat the examination. In California, if this is a first-time failure, the applicant can be rescheduled for the next examination by merely returning to Sacramento the card sent to him with notification of his failure; no additional money is required; no new application is needed. Actually, the applicant is given two opportunities to pass the State Board Test Pool Examination. Of the 171 failures, 149 took the repeat examination; 109 of the 149 passed, 73.1 percent of that number. Of the original 2,053 applicants who took the examination in California in 1967, only 52 were not licensed as registered nurses--2.5 percent--quite a different statistic. Granted that the applicants were not all successful on the first examination, but 2,001 nurses were licensed as safe to nurse the public. The purpose of the licensure examination is identification of persons capable of safe and effective practice, not measurement throughout the entire range of professional or vocational achievement. For licensure tests, predictive validation would involve research on the future practice of the licensees and would require precise behavioral definitions of successful and unsuccessful nursing. In a paper written by staff of NLN's Test Services, it is stated that "licensure tests, being paper-and-pencil achievement tests, measure in the cognitive realm of knowledge, understanding, application and evaluation, and not in the affective or motor-sensory realms." (12:3)

I do believe that there is need for some very real concern about the future of associate degree nursing programs. Even though these programs account for almost half of the graduates in California, statistics--my own and those of others--indicate that the ability of these graduates to pass the State Board Test Pool Examination is less than that of diploma schools, baccalaureate schools, or the state as a whole. Of the 942 graduates of associate degree nursing programs in 1967, 96 failed the examination on the first attempt, 10.2 percent compared to 8.3 percent for the state as a whole. After the first repeat, all but 36 of the 942 had been licensed, but this still leaves a failure rate of 3.8 percent compared to 2.5 percent for the total state. Our associate degree nursing programs need to begin and to continue a very real analysis of current practices to be sure that all that can be done is being done to produce graduates who will not only be licensed as safe practitioners, at least a reasonable number, but will also perform satisfactorily as practitioners today and tomorrow, not as nursing used to be or always has been.

Our analysis might begin with the faculty. What do we know or what should we know about faculty? Last year at our San Francisco meeting, Dr. Montag told us that "A well-qualified faculty is important, and the quality of the program is directly related to the quality of the faculty." But what does a "qualified faculty" mean? Obviously, different things to different people. The California Nursing Practice Act lists the specific qualifications required by law. If these requirements are met, the individual is legally qualified. In addition, California's public community-junior colleges are a part of the secondary school system, and therefore, credentials issued by the State Department of Education are also a requirement. A California State Teaching Credential is evidence that the individual is qualified to teach as indicated on the specific credential. So California has two legal bodies declaring a group of individuals qualified to teach. In addition, the individual colleges may add their own qualifications to this list. In 1967, California had 321 faculty members so labeled for its 41 associate degree nursing programs.

Even though the term qualified has some well-documented legal definitions, the term competent does not. Competency relates to effectiveness and includes the kind of behaviors that are not as easily defined. Yet, this intangible quality, effectiveness, is necessary in any program that will produce practitioners who can pass the State Board Test Pool Examination and who will give quality patient care.

Faculty preparation is the topic of our next speaker, so I will not dwell on the subject. There are a few comments, however, pertinent to effectiveness that I would like to share. Adaptability and imagination are essential. The nursing instructor in an associate degree nursing program has a difficult role. He must adapt to the student-centered college as well as to the patient-centered clinical area. He must interpret the newest nursing program and the objectives of this program--what is technical nursing today? He must be keenly aware of the relationships between the students and the students' contacts, while at the same time maintaining a satisfactory relationship with the students.

When I wrote my dissertation in 1963, I included a definition of the associate degree faculty member that was derived from the effective teaching behaviors reported in the critical incidents collected. It read:

> Effective teaching behavior is demonstrated by the individual who does not let his anxiety influence a situation, who recognizes his limitations, who demonstrates understanding in working with students by being available whenever the student finds himself in a situation that he is unable to handle alone, whose explanations are understandable, and who has the ability to stimulate the students to want to learn. (4:130)

A monumental task, I agree, but these qualifications would probably correlate quite well with the success of future practitioners, state board examination results, and quality patient care.

Clyde E. Blocker and his colleagues, in their book The Two-Year College: A Social Synthesis, describe faculty-college relationships in the following way:

> The faculty constitutes the professional core of the community college. It translates the philosophy, purposes, objectives and functions of the institution into meaningful action. . . . Instructors, both individually and in concert, determine the effectiveness of the institution through their contact with students. It would seem fitting, therefore, to examine . . . the background, attitudes and expectations of this group as they relate to and influence the destinies of the community college. (5:137)

Joan Davidson, an instructor at Pasadena College, surveyed 162 nurse educators in 35 California junior colleges in 1966-67 for her master's thesis. She found that a little less than half, 38.3 percent, had attended junior colleges as students, which is interesting to me. In establishing their formal preparation for junior college teaching, the responses given disclosed that:

> 48.8 percent had some content in: history, areas, and organization of the junior college.
> 23.4 percent had some content in: psychological foundations of the junior college student.
> 40.7 percent had some content in: curriculum development in the junior college.
> 36.4 percent had some content in: instructional methods and materials in the junior college.
> 33.3 percent had some content in: trends, practices, and issues in the junior college.
> 15.4 percent had some content in: administration in the junior college.
> 30.3 percent had some content in: directed teaching in the junior college. (8:38)

The phrase "some content in" was used because the investigator concluded: "Many of the respondents in checking specific categories commented that a single course had touched on a number of content areas in an overview approach and in such cases the respondents had checked all the categories listed, thus indicating that they considered a single course formal preparation for junior college teaching." (8:39) Does a single course really produce much effectiveness?

Attitude and creativity are the essentials of active faculty groups if the apprenticeship overtones of former nurse training are not to occur. The preparation of practitioners who are able to give quality nursing care in fact and not just "in policy" is the prime responsibility of faculty today. The exciting thing at this moment in time is the degree to which we control our own destinies. Professor Jerome Frank states it this way:

> In the past, men could shrug their shoulders in the face of most of the evils of life because they were powerless to prevent them. . . . Now there is no one to blame but ourselves. Since everything can be accomplished, everything must be deliberately chosen. (16:4)

Today's faculty has almost limitless power to choose. William Stewart, the Surgeon General, in his address "The Next Fifty Years," delivered at the American Institute of Planners, on October 5, 1967, tells us:

> The shift that must take place over the next half century is the emergence, once again, of the individual as the central purpose of medical science. This will place a much higher priority on prevention--not only of disability and death but of deviations from the norm that interfere with individual fulfillment.
>
> Perhaps most important of all, we shall have to re-orient our education of health professions to the new goal of optimum health. If their highest object is service to the healthy individual, they will need an understanding in depth of society and the humanities. Only thus will the technical specializations, built on top of this base, be fully useful. (16:8)

The traditional concepts of yesterday and today will not prepare practitioners for today and tomorrow. Faculty today have no way of knowing which choices will be available to practitioners of tomorrow. In Dr. Stewart's words, referring to nursing, "none of the health professions is at a more critical moment in its development." (15:1) Students need to be provided with the essential tools for critical thinking and problem-solving, so that they can make wise choices regarding quality nursing care.

I can also assure you that this problem-solving approach to the teaching-learning process will prove successful with the State Board Test Pool Examination. Just how long critical thinking has been an essential element of the examination, I do not know. In 1965, however, the National League for Nursing Evaluation Service did provide us with some analysis relating to ability categories of Series 164 of the examination. One of the categories analyzed was, "The 'Why' of nursing, the purpose of nursing procedures, and reasons for measures used." Throughout the five tests, there were 129 items related to this ability to reason. Individual school means for the United States jurisdictions ranged from 247.8 to 779.8; certainly, this reveals a terrific variation among our nursing programs in the ability to reason. I do not have the figures for the associate degree programs at a national level, but I do have some for California. Of the 51 California schools included in the National League for Nursing analysis, 18 were associate degree programs. The school mean for these 18 programs was 470.6; the school mean for the state was 517.0. If this is any indication, the associate degree programs did not do as well as the state, although I caution against drawing many conclusions from any one statistic. However, it is safe to state that problem-solving is a part of the State Board Test Pool Examination, so in addition to its necessity for practice, the prime essential, there is and will continue to be a necessity for the examination as well.

No single subject has received more attention or taken more time than the study of curriculum. If time is any criteria of importance, we could conclude that the curriculum is the most important aspect of the associate degree program. I would not go that far, but I would like to say that some kind of a philosophy must lie behind every curriculum. Loretta Heidgerken, in her book Teaching and Learning in Schools of Nursing, tells us:

> Prerequisite to effective planning and organization of any course in the nursing curriculum is an understanding of the major factors which influence curriculum development in nursing education. These are educational philosophy, educational psychology, the type of society in which the curriculum is to operate, the student, life activities and subject-matter content. . . .
>
> Since the curriculum is defined to include all the content, the instructional activities and the learning experiences planned and guided by the faculty to achieve their stated objectives, the selection of the content and of these activities and of the learning experiences becomes one of the central problems of curriculum planning. (10:235)

If the faculty is to truly consider the learner in curriculum objectives, achieving stated objectives and selection of content must incorporate the attitudes and the creativity of the faculty mentioned early in this paper. Each faculty member will function in whatever framework proves to be most comfortable. A good administrator sets the educational climate for the nursing program, but the faculty either accepts a specific climate or moves to another locale, thus enabling it to function comfortably.

Since one of the requirements for licensure, as previously stated, is "completion of the approved curriculum," there are some rather specific legal requirements relating to the curriculum. Time is one, and the California Nursing Practice Act, in reference to the associate degree nursing program, states in Section 2786.5:

> . . . the board may accredit a school of nursing which has been approved by the board and which gives a course of instruction prescribed by the board, covering not less than two years. Any course . . . shall provide a quality of education not less than the current standards established and adopted for a basic two years' course of professional nursing education by both the National League for Nursing and the American Association of Junior Colleges. (14:23)

Since June 1, 1965, the California board has adopted a much more liberal regulation pertaining to content. In addition to the usual phrases about all aspects of nursing and the need for physical and social sciences (a minimum of 15 units), Section 1433 includes the following:

> (3) Theoretical instruction and concurrent clinical practice shall be given so that in no instance the total is less than thirty (30) semester units. (14:42)

Before June 1, 1965, the requirements were specific for the areas of content--not less than 30 units, including 12 units for medical-surgical nursing, 9 units for maternal-child nursing, and 3 units for psychiatric nursing. In the spring of 1965, I did a comparative study of the graduation requirements set by the 30 associate degree programs offered by California junior colleges; the report of this study appeared in the February 1966 issue of California Education. The required units in medical-surgical nursing ranged from 13 to 30, with a mean of 23.8 units; the units in maternal-child nursing ranged from 6 (the remaining units for the minimum requirement of 9 units were met by a course in child psychology) to 14, with a mean of 10.2 units; the units in psychiatric nursing ranged from 3 to 8, with a mean of 4.9 units. In my article I wrote:

> The implication of this "more than minimum" number of units in nursing is that the minimum number of units probably is not sufficient. Yet the mere addition of units is not proof of an adequate program. For example, one criterion of success in learning the nursing content is the satisfactory completion of the State Board Test Pool Examination. During 1964 in California, five candidates failed the medical or surgical portion of this examination even though they graduated from schools with a curriculum which included 29 units of medical-surgical nursing. (7:18)

This same fact was repeated throughout the study with varying combinations of lecture-laboratory units. Failures on the State Board Test Pool Examination were evident at the top and the bottom of every scale produced. To demonstrate that this same phenomenon still exists, I updated the study at the beginning of the 1967 school year. For the 41 associate degree programs now in existence, the units in nursing ranged from 30, the minimum, to 49, with a mean of 38.1 units. Again, failures appeared at both extremes on every scale.

I raised three questions in the original article that still seem pertinent. I was not trying to answer them then and I am not trying to answer them now, but I do believe that curriculum research is badly needed if answers are to be found. The three questions were:

> 1. If 34 units in nursing courses are adequate, how can a school justify the time and expense to give 50 units? (34-50 units, the range for total units in nursing courses)
> 2. If 50 units of nursing are necessary, how competent are graduates who have taken a mere 34 units?
> 3. If an associate degree requires 60 units, then why are some schools requiring students to take 80 units for this degree? (81 units was the highest total number of units in the study) (7:19)

Regardless of the content of any specific curriculum, the attitude that exists among the faculty, what learning experiences are provided, how meaningful these experiences are to students, and what relationships between theory and practice are evident will be the determining factors in the outcome--and again I refer to qualified practitioners as well as to successful completion of the State Board Test Pool Examination. If you accept the premise upon which I am basing my remarks, which is that qualified faculty and the curriculum they implement are essential for the production of qualified nurse practitioners and that qualified practitioners will pass the State Board Test Pool Examination, then a really critical look at the curriculum that we are implementing is imperative. At this time, I beg your indulgence for a few more minutes to express another personal concern relating to the clinical learning experiences.

In 1964, the 16 professional schools of nursing in the San Francisco Bay Area (6 of which were associate degree nursing programs) asked the nursing education consultants of the Board of Nursing Education and Nurse Registration to assist them in attempting to find solutions to the problem of limited clinical facilities for learning experiences. Committee meetings and workshops continued for about two years, looking at the multiple problems that do exist and gathering information about possible alternatives that might aid in alleviating some of the difficulties. One bit of information that I gathered personally came from a survey of the agencies in these five counties that were accredited by the Joint Commission on Accreditation of Hospitals or licensed by the State Department of Public Health or the State Department of Mental Hygiene. There were 453 such agencies, but only 63 of these agencies were being used by the schools. These were primarily our large hospitals. Almost any discussion on the environment of the clinical setting refers to the hospital. A recent article in Nursing Forum, "Prospects for Change in Nursing" by Anna Baziak (I highly recommend the article), states:

> There seems little reason to doubt that the strong developmental link between nursing education and hospitals has seriously limited the capacity of both for creative growth. Had early nursing educators used a variety of settings--homes, outpatient units, and other health facilities as they emerged in the community--for the primary exposure of students to procedural principles of practice and relied proportionately less on bureaucratic hospitals as educational fields, it is likely that the over-all health and treatment picture would be better than it is. The use of a variety of settings would have demanded tests of practice assumptions which, through repetitive use within the narrow confines of one setting, have become ritualized as "good" practice. (13:143)

My personal conviction was such that I was encouraged to submit a grant proposal to the United States Department of Health, Education, and Welfare. In this proposal I wrote:

> Some of the factors which appear to contribute to this imbalance (63 of the 453 agencies) are: (1) the traditional use of the acute hospital, (2) the full schedules of nursing faculty which limit time for experimentation in creative new approaches to teaching, (3) the rapid growth of out-of-hospital clinical facilities for patient care with the accompanying limited information regarding those that do exist, and (4) the funds that are necessary to undertake a research project.

Funds were requested to develop criteria for the selection of facilities for the mentally retarded to be used for learning experiences for students of professional nursing, to experiment with patient care in these selected facilities, and to plan for the continuation of the specialized training in these facilities in the curriculum of professional nursing programs. The grant proposal was directed to the Bureau of Mental Retardation, as the agency that would fund such a project, through the advice of consultants within the Department of Health, Education, and Welfare. Funds were provided for a two-year "Demonstration Project"; we have just completed the first year.

The findings, even at this early date, are fascinating. To begin with, criteria were devised for community agencies patterned after the criteria for selection of clinical facilities that are incorporated in the California Board's Rules and Regulations as well as the American Nurses' Association's Standards for Organized Nursing Services and the Department of Health, Education, and Welfare's Conditions of Participation for Extended Care Facilities. Adaptations became necessary early because so many of the agencies providing services in the community do not have anything called nursing service. Now it has become necessary to further refine these criteria because most of the community agencies deal with "people" and "needs," not "patients" and "disease entities." This is not meant to be a "play on words," because there are some basic concepts about programming that are dependent, at least in part, on the words used. Eventually, there will need to be a change in the official state regulations so that meaningful criteria can be used rather than guidelines that are limited to hospital use.

During the first semester of the project, experiences were provided in five different agencies. Orientation of personnel within the specific agencies used proved to be a very time-consuming task because: (1) the individuals involved have made only minimal to no use of professional nursing in their current operations and, therefore, do not see what experiences can be provided for student nurses, and (2) the agencies involved share programs in providing services, so that discussions and explanations with the individuals involved in any agency did not insure understanding by the individuals from the other agencies who might also be involved in the program. Although the experiences eventually obtained for the students appeared to be mutually satisfying to the project and the agencies, it would appear at this time that someone must devote a great deal of time in establishing beginning relationships, and the present organization within our nursing programs does not seem to provide personnel or time to the extent indicated from the initial findings of the project. As the project continues, perhaps additional methods or approaches to the problem will be identified and/or realized.

One other observation thus far, which is particularly pertinent to our discussion of curriculum objectives, has to do with the objectives that can be utilized. In order to be of help to the schools, the current curriculum was utilized, negating any curriculum revisions for the purpose of the project. Specific objectives were chosen and communicated to the agencies. Have you ever seriously explored your curriculum objectives? I am not referring to the behavioral terms necessary for evaluation, but to the specific words used. Many are very global or they relate to some aspect of illness and the resulting nursing care. We tried to use the objectives as written, but some minor word changes were necessary in order to have meaning to the personnel in the community agency. For example, one objective read: "Knows and applies scientific principles to care of patients with musculoskeletal disorders." The word "patients" was changed to "individuals"--seemingly a minor change, but conceivably a major change in the concept of where a faculty member might seek clinical learning experiences. It is amazing to me how our orientation to the patient and the hospital affects our curriculum objectives. Aspects of sociology and psychology might be more easily transferable if we talked about "people," "needs," "conditions," et cetera. Perhaps someday, research in the area of transfer of learning will be plentiful. In the interim, I would like to request that the creative faculty present here today play with some of these ideas and share their information with others. There are not enough of us to do everything, and there is a desperate need for those of us who are able to explore possibilities to share our findings, so that as much is assimilated by as many people as is possible.

State Board Test Pool Examination results will be one criterion upon which success for the demonstration project will be based. Our hypothesis is that these students will do as well as the other students in spite of the different clinical learning experience. "As well as" will also be determined by course grades. One of the two schools participating in the project is an associate degree program. During the first semester, 38 students participated. Using the 4-point system--A=4, B=3, et cetera--the mean for these students in the course grade was 2.97. The preceding class of 36 who had the traditional hospital experience had a course grade mean of 2.88. So we can conclude that the students in the project did as well as their peers.

In spite of this conclusion, State Board Test Pool Examination results produced an interesting phenomenon. On the initial examination in August, 5 of the 36 failed the area of pediatrics, the course involved in the demonstration project. This was upsetting, particularly since their performance indicated a superior quality of nursing care based on observations of care given, behaviors noted, and responsibility for total care (there were four specific referrals originating from this group during the hospital experience following the community experience). These same 5 students were notified of their failure to pass the examination in October and were rescheduled for a repeat of the examination on October 31 and November 1, about two and one-half weeks later. Four of the 5 applicants passed the examination the second time. Getting back to a point made earlier in this presentation, 35 of the 36 graduates were identified as persons capable of safe and effective practice and were licensed as registered nurses.

Why were these graduates successful on the second attempt after failing on the initial try? I really do not know. Certainly, two and one-half weeks did not provide sufficient time for practice, although they may have done some cramming during that interval. This would be consistent with the findings of Gladis regarding the relationship of state board scores with other tests. I quote from an unpublished report of research done by her at Johnstown (Pa.) Conemaugh Valley Memorial Hospital, in 1959: ". . . Theory grades correlate with state board exam results at .58 but that practice grades correlate at a level of -.08." (9) Edna Mae Brandt and her colleagues in Washington write in regard to the work of Gladis: "A conclusion might be that grades received in nursing theory courses may have value in predicting success on State Board examinations. On the other hand, no relations between nursing practice and any of the formal tests were found." (6:69) If theory is important, perhaps cramming helped. As it has never helped me, I tend to doubt it. Familiarity with the test may have been a factor. Certainly, the mechanics of changing the examination annually have to do with the security of the examination.

From my observations over the last six years, there are many contributing factors related to adolescence and the young adult in our society. There is the anxiety associated with examinations; there is the emotional upset of the menstrual cycle and its resulting "cramps." As an examiner, the necessary supplies and aspirin are requisite materials brought to the examination center. In today's society, where marriage is common among students, a marriage close to the time of the examination can be a distracter. Pregnancy is another factor; at each examination I wait to deliver a baby. It has never happened, but last year one applicant had her family phone the morning of the examination to let us know that she would not be there; she had just given birth to a baby girl. In our associate degree programs, where the student population is even more heterogeneous, individuals from the so-called lower classes may be sitting for these timed tests, and because English is not the language spoken at home, these individuals will have difficulty in completing the tests in the allotted time. All I am trying to say is that there are so many variables about which we do not have information that unsuccessful completion of the State Board Test Pool Examination on the initial try has to be viewed from a multiplicity of causes.

It is apparent from this presentation that I do have a bias about the State Board Test Pool Examination; I hope, also, that the reasons for this bias are apparent. As long as the State Board Test Pool Examination is in use, there will be failures. Nursing educators must somehow learn to accept that reality. It does not, however, negate a conscientious effort to do everything possible to have quality nursing educational programs; the care of the public is at stake. Obviously, I am in full agreement with the concern for quality in the associate degree nursing programs; I am in agreement because quality is necessary for effective nursing practice, not just for successful completion of the State Board Test Pool Examination. This latter comes with quality, be it on the first or the second attempt, and successful completion after any attempt still leads to licensure as a registered nurse. As nursing educators, I challenge you to examine your practices, to encourage your colleagues to examine theirs, and together, to strive for nursing programs for which none of us need ever be ashamed--the associate degree nursing program that Dr. Montag presented to us in the 1950's.

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LICENSING EXAMINATIONS AND ASSOCIATE DEGREE NURSING PROGRAMS

Mildred Montag

The road to licensure of nurses has been a long and often hard one. As early as the 1880's the movement for registration of nurses was begun, having been suggested in 1874 by a physician in the introduction to Handbook for Nursing Sisters.[1] Interestingly enough, all efforts toward registration were opposed by Florence Nightingale. The decline in standards of nursing at that time was the motivating factor for attempting some kind of control of those who entered the practice of nursing. The registration of nurses preceded by some years the examination itself as a means of licensure. Even so, the licensing examination as a means to registration has been with us a long time. Licensing is a state function, and thus each state has a law governing the practice of nursing. Not all states have mandatory licensure of all who nurse, but it is safe to say that this is the goal of all state nursing associations.

It might be well to consider for a moment the purpose of licensure. According to Justin Miller, it is "to secure to society benefits from the services of highly skilled groups and to protect from those not skilled."[2] It is to protect society from incompetent practitioners, not to protect the practitioner. While its direct purpose is not to raise the standards of a profession, that result is almost assured.

In most respects the licensing of nurses is similar to the licensing of other practitioners, but in one respect it is unique. Nurses are the first professional group to have the same licensing examination given in all jurisdictions. Since 1950, when the last jurisdictions joined what has come to be known as the State Board Test Pool, all who take the licensing examination can be compared. Furthermore, the interstate licensure of nurses has been simplified and expedited. It is also fair to say that another effect has been to raise standards of nursing education. The accomplishment of the State Board Test Pool is by no means a small one, but it was accomplished in a very short time. Discussion of the possibility and desirability of such a test pool was begun in 1942, and the first examination was given in a few states in 1944. A short six years later saw all jurisdictions joined. In order to have the results of the examinations reported in a uniform manner, a standard score scale was adopted, with 500 as the mean and a standard deviation of 100. The score of 350, or 1½ standard deviations below the mean, was recommended as the cutoff point. Since licensing is a state function, each state had to determine its own cutoff point. Many states adopted this score immediately, while others were unable to do so, for had they done so, too few nurses would have been licensed to serve the needs of the people of these states.

At the risk of repetition of what is known by all here, I should like to review the procedure by which the examinations are developed. The American Nurses' Association has a Committee on State Boards of Nursing composed of one representative of each state board of nursing. This committee has a Subcommittee on Blueprints, made a permanent subcommittee in 1954, and a subcommittee to select item writers. Since

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1963 it has also had a subcommittee to review all aspects of the State Board Test Pool Examination. While these subcommittees are composed of members of the parent committee, the item writers are chosen from the faculties of nursing programs throughout the country. The technical "putting together" of the examination in proper test form is done by the National League for Nursing. The tests are administered in each jurisdiction by the responsible board. The National League for Nursing again performs the scoring operations and transmits the results to the several jurisdictions, which in turn notify both the nursing program and the individual applicant of the results of the examination. Unlike many other professions, nurses are usually given a permit to practice, pending the results of the examination or for a specified period of time. One cannot help but question this latter practice, for if, indeed, the public is to be protected from incompetent practitioners, it would seem illogical to permit them to practice for a period of months, then to declare them incompetent by virtue of the results of the examination. It would seem much more defensible to insist on licensure--which means satisfactory achievement on the licensing examination--before permitting the individual to practice at all.

Obviously, the state board examinations are of considerable concern, or a whole morning's program would not be devoted to discussion of them. Another evidence of the importance we attach to them is the evaluation of the nursing program according to how many graduates pass or fail the licensing examinations. In what I propose to say about these examinations, I shall raise questions rather than give answers. It is my intention to look at some of the problems and issues relating to state board examinations in order that we may assess them objectively.

First, let us look at some facts. In 1959, when the Cooperative Research Project in Junior and Community College Education for Nursing reported its evaluation of associate degree nursing programs, it was noted that of all applicants from all nursing programs who took the licensing examination, 90.5 percent passed it on the first attempt in 1954, and 91.5 percent in 1955; whereas 91.7 percent of the pilot programs passed it on the first attempt--a negligible difference. In the 1967 Facts About Nursing, it is reported that the proportion passing the examination on the first try was 85.7 percent in 1964 and 85.8 percent in 1965--or almost 6 percent less than the percentage reported in the 1959 study. This same issue of Facts About Nursing reports that in 1964, 81.8 percent of all who took the examination, either for the first or the second time, passed and in 1965, the proportion was 82 percent.[3] In the second evaluation study conducted under the Cooperative Research Project, data on the results of the licensing examination were again collected. The original pilot schools were included in this second evaluation study, along with a random sampling of other associate degree nursing programs that had graduated a class by 1962. These data thus included a substantially larger number of programs and correspondingly larger number of graduates than did the first study. Over 1,100 graduates were included, and of this number, 84.9 percent of the pilot program graduates were successful on the licensing examination, while 85.3 percent of the nonpilot program graduates were successful. These figures should be looked at in comparison with the 81.8 percent and 82 percent previously mentioned, for I do not have the breakdown of the data into those who passed on the first try and those who took the examination again. It would appear from these data that graduates of associate degree programs are passing the state board examinations with about the same success as are graduates of all programs.

Let us now turn to the problems, the issues, the questions.

First, the purpose of the examination is to insure safe practitioners of nursing for the society nurses serve. It will be recalled that the score identified as the cutoff point is 350. Presumably, that score is the discriminating point--above it is safe practice; below it, unsafe practice. It must also be recalled that this point is somewhat arbitrarily arrived at and could be changed by any jurisdiction or all jurisdictions if the numbers of applicants falling below it seriously interfered with the number entering the practice in relation to the demand. By the same token, it could be raised if the supply of nurses exceeded the demand for nurses' services. In other words, the cutoff score is determined by the number wanted in the profession. There is no one neat answer to the question, What should be the cutoff point to separate safe from unsafe practice? What is looked for is the determination of what the minimum safe knowledge needed is. This is a matter of expert judgment. This expert judgment is exercised at both the level of the blueprint determiners and the level of the item writers. Thus, it becomes extremely important to choose both with great care.

I have never been engaged in either of these activities, so I do not speak now from direct knowledge. I have heard, however, from what are usually described of as reliable and authoritative sources, that when item writers prepare the items for the State Board Test Pool Examination, they are permitted no books. It would seem that this puts a considerable strain on memory and prevents ascertaining whether or not the authors of books used by nursing programs throughout the country are in agreement on the material being included in the examination. If they are not, such items are improper for the test.

Again from reports rather than direct observation, there are criticisms with respect to the items included. It is obvious that great security precautions must be taken in the distribution and administration of these examinations, and we are therefore limited to reports from those who took the examination. However, these criticisms come too frequently to be ignored. Examples of the criticisms include the amount of purely medical rather than nursing knowledge and the amount of purely factual material included. Justin Miller states that there is some recognition of achievement in licensure but that stress is on the minimum--that is, the minimum to assure safe practice. He believes licensure shows possibility of future achievement rather than recognition of achievement.[4]

If, then, safe practice is what we are trying to assure, the test should be most reliable at that point deemed the minimum for safe practice. It is really unnecessary for this test to discriminate finely at either end of the scale.

My question is, Are the tests, as now constituted, measuring the minimum for safe practice?

I have a second concern. It would appear that the expectation is that every graduate of every program should pass the examination the first time. Is that a realistic expectation--or even a desirable one? If graduation from a state-approved nursing program assures licensure, then why not license on graduation? I have known programs, and so have all of you, that taught students simply to pass state boards, using books designed for that purpose, and others that had intensive drilling sessions just prior to examinations. Justin Miller states, "a professional school which trains only to pass examinations and one which fails to teach students the place of the profession in society and the need for continued study is failing."[5] It would seem logical to expect some who take the licensing examination to fail it on the first writing.

It is possible, when so much stress is put on the passing of the examination, yes, even on the scores obtained, and when the examination follows so closely the traditional nursing curriculum, the Big Five, that a static curriculum is being maintained. I have a hunch that the more traditional the curriculum of an associate degree program, the better the state board examination, and conversely, the more experimental, the more the curriculum departs from the traditional, the poorer the state board examination record. I might go so far as to predict the same fate for the graduates of the more experimental baccalaureate programs.

It would be unfortunate indeed if the examination, whose purpose it is to insure safe practitioners for society, served to prevent the curricula preparing these practitioners from dynamic growth, which is necessary if the changing needs of society are to be met.

Now, I have another concern of a somewhat different nature. There is a wide difference in the admission requirements in the many associate degree nursing programs. And that is as it should be. One of the purposes of the Cooperative Research Project was to test whether or not nursing programs could use the same admission policies and procedures as other programs in the colleges. Because these policies and procedures vary, the seven colleges in that study had quite different student groups, and the nursing programs in that study showed that it was possible for persons with a considerable range of abilities to succeed in both the program and the licensure examinations. It would be only wishful thinking to believe that all nursing programs can--or should--restrict their admissions to the upper quarter, or even the upper half, of the high school class. Therefore, to be realistic, associate degree programs can take students whose rank is not within the upper half of the high school class.

A cursory glance over the data with respect to applications, admissions, and graduations, collected during our second evaluation study, causes me to ask several questions.

Why are so many ineligible for admission?

Are admission requirements too high?

Why, if selective devices are used, are there so many who do not succeed academically? Approximately 50 percent of those who withdraw do so for academic reasons.

Why are so many of those who are successful to the point of graduation unsuccessful in state board examinations?

Are the reasons for limiting the number of admissions defensible reasons?

Are outmoded notions about student-teacher ratios being used?

Are the facilities--college and clinical--being used effectively or traditionally?

Are the teaching methods appropriate? Effective?

It would seem that some of these questions--I think all of them--need to be answered if nursing is to come anywhere near fulfilling its obligation to provide the nursing service that society needs.

In contrast to the program that selects its applicants is the program that operates completely under the open-door policy. This can be a defensible policy, but it ought to be adopted deliberately and with full knowledge of its consequences. The student group will be more heterogeneous and therefore a greater challenge to the teacher. There will very probably be more academic failures, and therefore, a smaller percentage of those admitted will--or should--graduate. I should, however, like to ask these questions. Should the person who succeeds in the program be less well equipped than his counterpart from the program with selective admissions? Will he be less able to succeed on the licensing examinations? To quote an editorial comment in the last issue of the College and University Bulletin of the American Association for Higher Education, "An open-door college is defensible, but there should be an exit door as well."[6]

One cannot very well leave the topic of licensing examinations and the success, or lack of it, that graduates of nursing programs have, without a comment on the teacher, her methods, and her methods of evaluation throughout the program. Certainly, the results achieved on licensing examinations can be indicative to some degree of the quality of teaching to which the student has been exposed. That we are often unsure of our objectives is also true. It follows inevitably that there is equal insecurity in the content chosen, the learning experiences employed, and the evaluation procedures used. It behooves every teacher to look critically at all stages and levels of her teaching.

These are, then, some of the concerns we, or at least I, have with respect to state board examinations. The problems are not insurmountable, but they should be faced intelligently, not emotionally. The licensing examinations should not be used as a threat to individuals or to programs; they should not be used to distort a picture in order to gain an end. If we can keep in mind their only purpose and then strive to have them serve that purpose well, we should be able to improve not only the examinations but also the chances of qualified applicants to be successful in them.

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PHILOSOPHICAL CONCEPTS OF TRANSFER CREDIT

James L. Moncrief

When one mentions philosophical concepts, he immediately places himself in the position of attempting to speculate in abstractions. This always places the exponent of philosophical concepts in a very difficult position for two reasons. First, he cannot defend his opinions with footnoted references from primary materials; and secondly, he cannot draw upon "authorities in the field," for there are none. He is therefore a type of nomad, wandering in the abysmal jungle of subjective reasoning. Therefore, I recognize the tenuous ground upon which I tread. Nevertheless, I shall develop what I believe to be some sound concepts concerning the transferability of terminal, or occupational, programs; however, before we begin dealing with the topic of transferability of terminal, or occupational, programs, I feel that we must first define our terms before we become embroiled in a battle of semantics. Dr. Kenneth Skaggs, Director of the the Occupational Project for the American Association of Junior Colleges, has stated in a recent AAJC publication that "In education today semantics may indeed be a problem, technical, occupational, vocational, terminal education--what have you." Then there is Dr. Norman C. Harris' definition of occupational education, in which he states that "Occupational education refers to any and all education and training offered by junior colleges aimed at the preparation for employment as distinguished from curriculums in the liberal arts, the fine arts, or the humanities." Occupational education covers professional, semiprofessional, technical, and skilled level curriculums for all fields of employment. We are dealing with this type of education in the field of nursing and are attempting to establish ground rules whereby a fluid movement can be made from one level into another within the same program, but can we? We must be concerned with occupational skills and inculcation of these skills first. We should not dissipate our energy on transfer problems until we are sure that we are training occupationally competent individuals for this program.

The Challenge

The challenge in this is a twofold concept. First, our responsibility to the occupational student was reported in Addresses and Recommendations Presented at a Conference Sponsored by the Midwest Technical Education Center and the American Association of Junior Colleges, in an article entitled "Emphasis--Occupational Education." It emphasizes the fact that terminology of terminal education should be discouraged, and students encouraged to accept the idea that all education is a continuing process. Secondly, emphasis should be placed on the completion of the associate degree program, and not on the differentiation of transfer and occupational programs and the assignment of people to these programs like so many pieces of side meat--or, for those of you north of the Mason-Dixon Line, bacon.

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The challenge being presented by these concepts represent on a smaller scale the "challenge and response" theory publicized by the well-known British historian Arnold Toynbee, who noted that civilizations survived on their ability to respond to the challenges presented by rival civilizations. Nursing education is in the comparable position of accepting the challenge to the old way of educating our youth and of compromising with it--not by mere accommodation, but with imagination and a proper response. If you educators do not accomplish this goal, then I fear that you and I shall be swept away by radical educational reforms from without. I realize that difficulties will be encountered from the academicians within your profession and the uninformed public. As an academician who became a convert to the community college concept and philosophy recently, I can understand part of the difficulties encountered by the innovators in edu cation.

The Response to this Challenge

What is to be your reaction to this challenge? Shall we continue with academic incest? I think not. Academic incest is a condition in which senior college people communicate only with senior college instructors and junior college people communicate only with junior college instructors. We must break down this type of incest and establish a heterogeneous relationship within the area of education. Transfer of credit in occupational programs for which there are comparable or nearly comparable courses in senior colleges should be unquestioned as long as the following five criteria are met.

Faculty.--Faculty should meet the minimal requirements of the Associate Degree Department of the National League for Nursing. Baccalaureate and associate degree programs are the only two departments with programs recognized by the National Commission on Accreditation as collegiate programs, and they should at least extend academic recognition to each other. It is reprehensible to me that two agencies dealing with the same type of professional worker will not recognize each other's work, especially when all of the practitioners are members of the same august agency and/or accrediting bodies.

Instructors in associate degree nursing programs should not be looking toward the senior college. This is a problem we find in many areas. Many junior college instructors are fearful of challenging senior colleges and senior college programs because they themselves are looking forward to the eventuality of moving from the junior college to the august or more prestigious senior colleges. I moved from a senior college to a junior college, not by force but by choice. I think that this is a natural movement. People are trained for a specific area, and junior college instructors are trained to teach in the junior college program. If they wish to move to the senior college, then they should do so; but we should not structure our programs with the idea that one day we might be in a position of being worried as to whether we have offended certain senior college curriculum committees. I noted with some disturbance that Dr. Terry O'Bannion, one of our AAJC session speakers, stated that innovations come from a senior college or university, not from a junior college. Dr. O'Bannion, former Dean of Students at Central Florida Junior College in Ocala, Florida, and at Santa Fe Junior College in Gainesville, Florida, is now associated with the University of Illinois. I disagree with him completely; I feel that innovation must come from the community college since it is the institution most responsive to public sentiment and change.

Common denominator.--The common denominator is the bedside nurse. Both the baccalaureate graduate and the A.D.N. graduate are basic R.N.'s. Recognition of this fact is what we are striving for. This is comparable to the U.S. Marines Corps' concept that every person, private or general, is a basic rifleman. In nursing we are training the basic nurse.

If the work leading to a Bachelor of Science degree is so much higher, then the baccalaureate graduate should not be a practitioner, but rather a supervisor of the basic A.D.N. graduate. We should move all nursing that is basic, downward. We should move supervisor or teacher training up, which would mean that the baccalaureate graduate would supervise the R.N. graduating from an A.D.N. program.

This then presents a basic concept that might shock some of you, especially those of you engaged in baccalaureate education. That is, I see no reason why we should not end the basic R.N. training with the Sophomore year. We should be able to establish all the nursing courses needed to train an individual to perform basic bedside functions in the Freshman and Sophomore years. We are doing this now in A.D.N. programs. Therefore, why should we not establish a program whereby students could enter baccalaureate training at the completion of their Sophomore year, take the State Board Examination, become a registered nurse, and then, if they desired to continue in the baccalaureate program and move upward to the Junior and Senior year, they could do so. However, their status would be that of supervisor or teacher. This would enable the junior college graduate who holds an associate degree in nursing (and who is also an R.N.) to move into the Junior year of a baccalaureate program without losing credit. This represents a logical way of expanding nursing education. Once again, I realize that this is a radical innovation, but we are here as innovators and catalysts. In 1953, Dr. Mildred Montag, the gracious lady of community college nursing, was branded a heretic or, at least, a radical for advocating a technical nursing program. But I believe this is a concept that nursing education must come to grips with in the next decade.

Junior colleges must employ faculty for this program, just as they do for other academic areas. Why not? We seek shortcuts in the employment of nursing faculty, but not in the employment of physics or chemistry instructors. We begin with a master's degree and try to justify downward; instead of closing the program or refusing to open until we find qualified people.

Clinical affiliations.--First, the agency must be accredited and recognized by the appropriate hospital councils and/or hospital accrediting agencies. Secondly, the clinical experience hours must meet certain minimal qualifications for a particular course with the realization that the associate degree nursing program is different from the baccalaureate program. This imposes a special burden on the baccalaureate faculty, because the amount of clinical experience in the baccalaureate program for the first two years is fairly nominal. This must be increased tremendously in order to meet the qualifications of the associate degree program for the first two years.

Learning resources center.--This center, or library, must contain, first, adequate reference materials for each course, not only in quantity but also in quality of materials. The Southern Association of Colleges and Schools, our regional accrediting agency, the American Library Association, and the American Association of Junior Colleges have joined hands in providing joint consultations for the establishment of a collection of materials on specialized programs. We have become too concerned with quantity in the past months and do not have enough concern for the quality of our collections. We must guard against this approach. Secondly, we should make sure that we have comparable textbooks for courses completed if we desire transfer credit for A.D.N. program work in the baccalaureate program. Textbooks must be similar, and the units covered must be similar, if not identical.

Supervised directed studies.--This is a point that disturbs me quite frequently about some of our institutions on the junior college level. We must provide directed studies for students who are weak in academic subjects as a result of poor high schools or as a result of being out of school for so long a period of time that they have lost contact with the academic disciplines. We are concerned with salvaging human beings, not with excluding them from education. The community college program, and nursing education in particular, must be inclusive, not exclusive in its efforts. It disturbs me that in many programs nothing is being done with directed studies, nothing is being done to provide "underachievers" with the necessary laboratory hours to strengthen their weak academic backgrounds, thereby enabling them to enter the mainstream of nursing education. If we do not take action, one consequence will be that the problem of the shortage of qualified nurses will continue.

Secondly, I think that we in the professional areas are becoming too concerned, or have been too concerned, I should say, about our students' graduating first and/or second in the class. In the preparation of this paper, I was reminded of a comment made by Dr. Harold McPheeters, Director for Mental Health Training and Research for the Southern Regional Education Board. He stated that while teaching at the Medical College of the University of Louisville, many medical students came in to him concerned because they were not first or second in their class at medical school. Dr. McPheeters reminded them that once they graduated from medical school and began practicing medicine, not a single patient would be concerned with whether they graduated first or thirty-first in their class as long as they were licensed to practice the medical arts in their states. I think this is something that we academicians, who call ourselves educators, should bear in mind.

The Synthesis

Associate degree graduates can do as well as, if not better than, diploma or baccalaureate graduates on State Board Examinations. The Alabama State Board results placed our school Number One in the state, above two baccalaureate programs. Our graduates scored higher than any other graduates in the state. Only one of our graduates failed the State Board Examination--she had not graduated from high school and was 50+ in age; she failed only two parts of the examination and will retake it. One of our students was selected as the Alabama State Student Nurse of the Year for 1968. We now have the Dean of the University of Alabama School of Nursing serving on our Advisory Committee.

In other words, we are supplying nurses with an education that is not terminal but continuing, and I emphasize the word "continuing." These students will never end their education. And we are challenging the establishment. We must continue to do so or remove ourselves from the field of nursing education. The establishment defended the diploma program when the A.D.N. program came into existence. It is now trying to defend the terminal, occupational, nature of the associate degree program. It will not be successful.

Conclusion

Approval by the Council of Associate Degree Programs of the National League for Nursing is not impossible to achieve; our institution did so in a short length of time, thereby, rendering invalid the contention of some in the field that compliance with the standards of NLN is impossible. I believe that this theory is the result of a lack of dialogue between the local, state, and regional areas. We must have programs that can gain the respect of the professions, but the profession must first set its own house in order. We college administrators would not dream of establishing a program in civil engineering technology that did not meet the needs of the profession. We would establish advisory committees and look to the profession for standards before establishing such programs. Why should we be different in the area of nursing education? Certainly, it is difficult to achieve NLN approval, but this is similar to the full approval by any occupational group for a program in that area.

In summary, I have stated the challenge of the occupational student and the reaction to this challenge in terms of (a) faculty, (b) common denominator, (c) clinical affiliations, (d) learning resources center, and (e) supervised directed studies. In closing, I remind you that my comments represent the opinions of an adversary--but out of adversaries grow challenges, and out of this conflict there will emerge strength, and from the growth of this strength that has been forged by the clash of ideas, there will emerge, like the Phoenix, a much stronger and viable nursing program. If the A.D. program in nursing education can meet this challenge, respond appropriately, and train students who meet the requirements for the R.N. certification, then associate degree nursing credit should be considered as comparable to that of the baccalaureate program. As we stand in historic Boston, "The hub of the Universe", I can only repeat what a noted American patriot once said, "If this be treason, then make the most of it."

EQUIVALENCY EXAMINATIONS IN NEW YORK STATE

Mildred S. Schmidt

The availability of proficiency examinations in nursing subjects at the state level is a recent development in New York State. Several factors have influenced the decision to develop examinations in nursing subjects.

The first factor, and a very important one, was the existence of a framework within which examinations could be developed. The State Education Department has conducted a College Proficiency Examination (CPE) Program since 1963. The program grew out of a recommendation made in 1960 by the New York State Committee on Higher Education. This committee was aware that large numbers of individuals were "now doing college-level work by independent study and in television courses, adult education courses, courses at industrial plants, and other courses outside regular college curriculums." The committee emphasized its conviction that high-quality post-high-school education was offered by these "noncollege" programs and that the subjects studied were equivalent to those offered in college. Specifically, the committee recommended:

> . . . that a program be established by the Regents which would permit students to acquire regular college credit . . . without regular attendance . . . /by means of/ examinations that would test a student's knowledge, skills, and command of a given subject . . . that standards should be and could be kept at high levels . . . that the aggregate amount of credit should be limited . . . /and that/ credit should be awarded at the option of the college or university. . . . The preparation and administration of these examinations would be the responsibility of the Regents, in consultation with the faculties of the various colleges and universities in the State.

Thus, the concept of credit by examination had been affirmed, and steps have been taken by the State Education Department to implement such a program. It was relatively easy for examinations in nursing to be developed within the philosophy and objectives of the CPE Program.

A second factor influencing the development of examinations in nursing was the interest of the New York State Legislature in the concept of progression within the occupation of nursing. A joint committee of the Legislature had held public hearings in the fall of 1966 on the nurse shortage in the state. During these hearings, the question of progression from licensed practical nurse programs to registered nurse programs was raised repeatedly. There were also questions about diploma and associate degree program graduates' entering baccalaureate programs in nursing. At the conclusion of the hearings, the legislators said they were convinced that nursing was a series of

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"dead ends." There were strong recommendations from this group of legislators that something be done about this situation.

In December of 1966, the Board of Regents initiated its Program to Help Meet the Need for Nurses. For those of you unfamiliar with education in New York State, the Board of Regents is the policy-making body for education, both public and private, from kindergarten through graduate school. This body also supervises 22 professions, including nursing. One part of the Program to Help Meet the Need for Nurses was the development of college proficiency examinations in nursing subjects. The Board of Regents' support for the development of examinations in nursing was a strong factor in the decision to develop these examinations.

The development of examinations in nursing for the CPE Program would have been meaningless unless the schools had been interested in using them. In the fall of 1966, at a meeting of deans and directors of baccalaureate and graduate programs in New York State, the group requested that the State Education Department's CPE Center explore the feasibility of developing college proficiency examinations in undergraduate subjects in the nursing major. In April, 1967, the New York State Associate Degree Nursing Council passed a motion that the CPE Center explore the development of college proficiency examinations in nursing for placement in A.D.N. programs. The Council of Directors of Diploma Programs passed a similar motion. All three groups were on record as interested in at least exploring the development of examinations.

The New York State Nurses' Association, in its Blueprint for the Education of Nurses in New York State, also recommended the development of college proficiency examinations. The interest in the development of these examinations expressed by nurse educators and the professional society was the deciding factor that influenced the director of the CPE Program to proceed.

The first step was to invite representatives from the nursing programs to meet with the director of the examination program. Separate meetings were held for participants from each type of program. Selected questions were presented for discussion. For example, representatives from the A.D.N. programs were asked the following questions:

1. What is the need for proficiency examinations in A.D.N. programs?
2. For individuals with what background?
3. Is the need of significant enough size so that the statewide CPE Program could make a contribution here?
4. In what areas should tests be developed?

The questions were thoroughly explored, and by the end of the day's conference, each group had decided that examinations in nursing subjects should be developed and had identified the subject areas to be examined. Each group of participants was then asked to submit names of faculty members who would serve effectively on the specification committees for the examinations to be developed and names of item writers for test questions. This past year, three examinations have been developed for use by baccalaureate nursing programs. These include medical-surgical nursing, maternal and child nursing, and psychiatric-mental health nursing. In May, these examinations will be administered for the first time. The first examination in fundamentals of nursing for placement in A.D.N. programs is scheduled for January, 1969.

It is important to understand that the New York State Education Department does not grant course credit for these examinations. The granting of credit is left to the individual colleges and universities. It is expected that each school will vary in their specifics for granting credits. Some will require a C or better, while others will require a B or better. Some will make credit provisional until 15 or more credits are completed in residence. Others may demand a grade-point quality of these residence credits before CPE credits will be awarded. In other words, it will be a faculty decision in each school whether or not to participate in the CPE Program and under what conditions. It will be interesting to see what develops.

The examinations I have described are paper-and-pencil tests. Interest has been expressed in the development of performance-rating guides that would complement each of the written examinations. The department would not actually administer these performance-rating guides but, rather, would make them available to nursing programs for use at the local level. These guides would be developed by the Division of Educational Testing in conjunction with the faculties from schools, as were the three tests I have previously discussed.

In summary, I have described the factors that led to the decision to develop college proficiency examinations in nursing subjects and have briefly outlined the procedure used in the actual development of three of the examinations. I cannot tell you anything about results because the first examinations will be administered in May. We are excited about the possibilities of this program, for it has the potential of allowing incoming students to demonstrate their previously acquired knowledge through examination. The program should provide one means of helping faculty place students at an appropriate point in the curriculum so that the student's time will not be wasted in repeating previously learned knowledge.

FROM COMMUNITY OR JUNIOR COLLEGE TO GRADUATE STUDY

Olga Andruskiw

All of us here today have one thing in common, and that is a strong commitment to improve the situation in nursing education. This commitment is closely tied up with taking critical risks in education. By critical risks, I do not mean gambling for the future, but rather taking deliberate chances in order to meet important responsibilities.

We must keep in mind that the majority of nurses graduate from programs conducted by institutions other than senior colleges and that some of these nurses will change their goals and will wish to earn B.S. degrees in order to qualify for admission to graduate programs. We must also keep in mind that there is a great need for persons prepared at the masters and doctoral levels.

Ways must be found to help the graduate of the associate degree program to pursue education in a senior college if he or she wishes to do so in order to earn a B.S. degree with a major in nursing. Many colleges and universities have opened their doors to students who choose different avenues in achieving their goals.

Some colleges evaluate the student's record after 60 credit hours of liberal arts. Some schools use the NLN Graduate Nurse Examination in order to establish advanced credit; others use the NLN Achievement Tests. There are schools that use proficiency examinations in order to grant advanced credit. The requirements are governed by policies of individual colleges and universities and therefore are different.

The faculty of Russell Sage College decided in 1962 to meet an important responsibility by admitting registered nurse students who could receive advanced standing by taking proficiency examinations in lieu of certain courses. The college has one undergraduate program in nursing for all of its students. It includes 60 credit hours of liberal arts courses and 60 credit hours of professional courses. It is accredited by the National League for Nursing.

It might be helpful here to present the program of Russell Sage College as one example of a school that admits students with advanced standing. The following are questions you might like to have answered.

Who is admitted to the program?

The student who meets the requirements for admission to the college is admitted to the program. The student's record in the junior or community college is considered carefully by the Admissions Committee as part of the admissions procedure. The student may take up to 16 credits on a part-time basis before he is fully admitted. He may attend on a part-time or full-time basis, but he must attend on a full-time basis for one academic year at the end of his program.

We have found that each student requires a great deal of individual guidance. After he has reviewed the information about the program, he has an individual conference, and after admission, he has periodic conferences with his adviser.

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Does the student receive transfer credit for courses taken in the associate degree program?

The student's record is reviewed and transfer credit is granted for courses taken, such as English, history, general psychology, general sociology, mathematics, microbiology, and electives in the fine arts or philosophy. Credit is given for courses in which the student has received a grade of C or better in an accredited college. Credit is granted for additional courses if the student takes proficiency examinations.

Who may take proficiency examinations?

The registered nurse student who has been admitted to the college may take these examinations. This student may take the examinations in anatomy and physiology, chemistry, and nutrition first. The sciences include examination in laboratory performance as well as written examinations. It is possible for the student to receive a maximum of 12 credits for these examinations. He may then take separate examinations in medical-surgical nursing, maternal and child health, diet therapy, and psychiatric nursing. The nursing examinations include evaluation of clinical performance. If the student receives a grade of C or better in each examination, he may earn a certain amount of credit. The maximum credits that can be earned for the nursing courses are 30. If the student receives less than C in a given examination, he must take the course.

Who prepares the examinations?

At the present time, the instructors who teach the courses prepare the examinations and grade them. When proficiency examinations are available through the College Proficiency Examination Program, students will take these examinations. Our faculty have been represented on the Specification Committee for the various tests and have participated as item writers. They found this to be a valuable experience.

What are the examinations like and how does a person prepare for them?

The student purchases a "Study Guide for Proficiency Examinations." This is a guide prepared by the faculty who constructed the examinations, and it contains outlines of course content, suggested bibliographies, and sample questions.

When are the examinations given?

The examinations are given in September and January of each year. Evaluations of clinical performance in the various nursing courses are conducted in June of each year.

What is the cost of the examinations?

The cost is $5.00 per credit; for example, the student is granted 6 credits for the examination in anatomy and physiology, so the cost is $30.00 for that examination.

Is there an official record of the examinations?

The courses in which examinations are taken and the credits granted are listed on the student's official transcript, indicating that credit was granted by proficiency examinations.

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How long does it take a student from an associate degree program to earn a B.S. degree with a major in nursing?

At Russell Sage College a student may earn his degree in a minimum of two academic years. The length of the program depends on the amount of transfer credit and credit granted by proficiency examinations. The maximum time may be two academic years and two summers. If a student attends on a part-time basis in the beginning, he may take from three to five years to complete the program. Most of our students have attended on a full-time basis.

What other courses does the student take to complete the requirements for graduation?

The student takes additional courses in English, history, growth and development, social problems, mathematics, the fine arts, and philosophy. Only one student has taken the proficiency examination in chemistry. Other students chose to take the course.

The student who receives satisfactory scores in proficiency examinations in nursing takes additional upper-division courses in medical-surgical nursing, comprehensive nursing, family health, psychotherapeutic nursing, team nursing, public health nursing, and nursing seminar.

When I learned that I would be participating in this program, I thought you might be interested in the reactions and impressions of students and graduates of Russell Sage College who formerly graduated from associate degree programs. I sent questionnaires to the persons and invited them to come in for a conference to discuss their ideas. Most of them answered the questionnaires and came in for conferences.

The people who have attended our college vary in age from 19 to 49 years. Some are single, some were married when they were admitted to the program, and some have married since graduation. One was a practical nurse before she attended a community college.

They were asked why they decided to study for a B.S. degree. Some of their answers were as follows:

> I found that when I graduated from an associate degree program, I was interested in studying nursing in greater depth.
>
> I decided to study for a B.S. degree for several reasons: first, my nurse-friends encouraged me to go on because they felt that many more opportunities for advancement would be open to a girl with her B.S. degree. Second, having attended the A.D. program, I wanted to learn more--to go more deeply into the sciences and learn more about all phases of nursing. I had learned enough to know that there was a great deal more to learn. Third, I wanted to "go away" to school. While attending the A.D. program, I had lived at home, and I wanted to have the experience of living away from home in a college dormitory.
>
> I wanted to further my education. I found out that someday I'd like to teach nursing in an A.D. program, and this would be a step to a master's degree.

When they were asked why they originally chose to study in an associate degree program, these were some of their answers:

> Lack of finances and also the fact that I would be able to do nursing in two years. In high school I really did not understand how the programs were different.
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> Upon graduation from high school, I wasn't sure what I wanted to do. I thought I'd like to try nursing since I had had some experience in a nursing home for the aged during high school. After looking into different programs, the A.D. program was the one I really wanted. Besides, it was too late to get into a senior college.

The 49-year-old mother stated that she needed to be able to have a job in the shortest time possible to help her children through college. She was anxious about returning to school and was surprised when she found out how well she could do after all those years. She became extremely interested and motivated to continue her studies, and now she was free to do so.

The persons were also asked how they felt about taking proficiency examinations. Some said that the examinations were difficult. They appreciated having study guides to help them prepare for the examinations. Some felt the examinations were fair and not too difficult. Some felt that taking the examinations was a good way of determining their placement in the program. They appreciated the opportunity to test their knowledge in each course. They felt they were given individual consideration.

After talking with the graduates and students, I decided to find out what the faculty thought about the students who were graduates of associate degree programs. The faculty felt that the students came with positive attitudes toward the program. On the whole, the students knew about the various programs before choosing the associate degree program. In our area in the capital district of New York State the directors of associate degree and baccalaureate programs have close working relationships, so that prospective students are guided to programs suited to their talents. The students do not feel that they receive inadequate information. The faculty also feel that the students are self-directed, can do problem-solving, can think effectively, and are able to make judgments. They seem to be similar to students who transfer from other fields because of changes in goals. They are also very interested in becoming involved in the college community. They join the clubs, live in the dormitories, participate in activities, wear their class blazers, and purchase the college pin on graduation.

As a faculty with a rather brief experience with associate degree graduates in a baccalaureate program, we would like to share with you some of our concerns, problems, and suggestions.

Since the preparation, testing, and grading of examinations by a college is costly, we are looking forward to using the examinations that will be offered by the New York State College Proficiency Examination Program. We are presently involved as a faculty in studying the total curriculum of the college. The subject of advanced placement will be evaluated carefully. The nursing faculty is also evaluating the examinations of clinical performance in the nursing courses given to registered nurse students.

At the present time we do not have the right proportion of graduates from the different programs to take care of the nursing shortage. In order to achieve our goals, we need to have regional and state planning for education. We feel we can do this in New York State through our Blueprint 100 Nursing Education. With better counseling of high school students, more students will go into programs for which they are suited. This has implications for change in the next few years for senior colleges admitting students with advanced standing. The door, however, should always be open to students who change their goals.

If students are interested in studying for a B.S. degree, they should be encouraged to go into the program after graduation. If they do well, we will encourage them to continue into a graduate program.

More students wish to study on a full-time basis, but because of financial problems, they are unable to do so. Students should be given greater assistance in order to study full-time. At present, we are not able to meet the students' needs completely, even though we have funds available from state and federal sources.

Because of the individual guidance each student needs and because of the increased number of students seeking admission to senior colleges, additional faculty and added funds to help with administrative costs are needed. We will propose and support legislation that provides funds for assistance in the administration of these programs.

I have tried this afternoon to demonstrate how one college has attempted to meet some of the needs in continuing professional education. Our faculty subscribe to the idea of admitting students from other types of programs with advanced standing by granting them transfer credit and by giving them the opportunity of taking proficiency examinations in lieu of courses. I hope this will help others in the counseling of students who change their goals in education.

LOOKING AT ACCREDITING IN THE FUTURE

Frank G. Dickey

Almost 32 years ago, across the Charles River on the Harvard campus, A. Lawrence Lowell made a statement on the occasion of the 300th anniversary of the founding of Harvard. He concluded his address with these words: "If I read history aright, human institutions have rarely been killed while they retain vitality. They commit suicide or die from lack of vigor, and then the adversary comes and buries them. So long as an institution conduces to human welfare, so long as a university gives to youth strong, active methods of life, so long as its scholarship does not degenerate into pedantry, nothing can prevent its going on to greater prosperity."[1]

I should like to suggest to you today that not only institutions of higher learning but also organizations related to the educational endeavor must retain their vitality. Certainly this would be true for accrediting organizations. If they do not change with the changing needs of our society, then they are likely to die or commit suicide. For that reason, it is very important that we look at accrediting in the future, so that we may be sure that accrediting does not stagnate and possibly die.

As we look at accrediting for the future, we must be quite realistic about the status of accrediting today. Even the most conservative elements of our society admit that American higher education is being asked to react to more pressures than ever before in our history. The problems of costs, numbers, increased amounts of new knowledge, greater demands for services, and emphasis upon quality controls are creating unusual pressures upon the higher education community.

One of the lesser known facets of higher education--accreditation--is undergoing many changes and is being called upon to serve a multitude of purposes. The question is recurrently being raised as to how many masters should and can accreditation serve. Inasmuch as the accrediting mechanisms serve as the major factor in quality control for our institutions of higher education and for various professional and specialized programs within these colleges and universities, it is most appropriate that we look carefully at the demands being made upon accrediting at the present time.

At the outset, it should be said that the concepts of the purposes of accreditation run a gamut as broad or as long as the differences between Clark Kerr's concept of the multiversity and Robert M. Hutchins' view of education with its major emphasis upon liberal arts. One of the questions that must be discussed fully is where within the spectrum the most satisfactory definition of the purposes of accreditation can be found and, then, how we can most effectively accommodate the agreed-upon purposes.

The Constitution of the National Commission on Accrediting includes a statement referring to the positive influences of accrediting:

> Accrediting agencies have often been instruments for the maintenance of high educational standards; they have protected society against inadequately prepared professional practitioners; they have aided

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> licensing authorities and facilitated the transfer of students; they have been helpful to students and parents seeking to identify sound institutions; they have aided institutions in withstanding improper political or other noneducational pressures; and they have stimulated broad considerations of educational problems and issues of more than local concern.

In many ways, these positive influences may be considered as purposes of accrediting. Accreditation, therefore, may be viewed as serving society and the public welfare, individual students, professions, the institutions themselves, and in more recent years the federal and state governments. From time to time the question arises as to which of these groups the accrediting organizations owe their primary allegiance.

Obviously, the answer to the question of primary obligation is not one that can be categorically answered; however, the fact that the institutions voluntarily enter into accrediting arrangements gives some substance to the premise that the institutions have first claim upon the efforts of accrediting organizations. On the other hand, every segment of society is concerned with and affected by the quality of higher education and its component programs; therefore, accreditation must be considered within the context of the expanding social and economic problems of our age.

Probably no issue in American education poses a greater problem than that produced by the juxtaposition of the tradition of freedom for institutions and the availability of funds through state and federal agencies. Our institutions have consistently resisted domination by the various publics with which they deal, but the question arises as to how we can best establish a position of cooperative interaction with the political agencies and at the same time retain the independence and autonomy that have characterized American education through the years.

One further purpose of accrediting is that of serving as a counterpart of the ministry of education found in most other nations of the world. With the various federal offices and agencies serving as they do to allocate funds and develop programs but having no direct jurisdictional control over the institutions, it is essential that some organization serve as a quality control for the institutions and their programs.

The economic, political, and social developments in this country and throughout the world are continuing to exert their influences to support the development of the need for accrediting. Mobility of people, their migrations, specialization, industrial and governmental personnel practices and policies, growth of population and college enrollments, increasing social interdependence and reliance on government for social welfare, war and threats of war--all of these and other factors have increased the need for and the purposes of accrediting. They have also tended to increase the problems for accrediting organizations.

In the Constitution of the National Commission on Accrediting there is included a paragraph on the unfortunate features of accrediting:

> ... in seeking conformity to rigid definitions of physical facilities; in urging disproportionate expenditures for selected programs; in demanding standardized educational practices or standards that have little or no educational significance; in imposing on educational programs the judgments of professional groups; in defining the extent or scope of educational programs regardless of the wishes of the constituencies of educational institutions; in judging the desirability of administrative organization without regard for pragmatic consideration of effectiveness; and in making other determinations which properly lie within the juris-

> diction of the faculties, administration, and governing boards of colleges and universities, accrediting agencies limit and endanger the essential freedoms of the institutions. Non-compliance with the imperatives of accrediting agencies not only endangers the welfare of the institutions, but also penalizes students who, because of the nonaccredited status of their institutions, are barred from service to society. Further, the costs of inspections and reporting, in time, energy, and money have come to be burdensome. The multiplicity of accrediting agencies and the variability in their criteria subject the institution to conflicting demands and unnecessary expenditures.

The Joint Committee on Accrediting, which was the forerunner of the National Commission on Accrediting and which was composed of four of the present six constituent members of the National Commission, listed what have been called "the six outstanding evils" of accrediting: (1) too many agencies, (2) too great duplication, (3) too great costs for evaluation, (4) too much emphasis on quantitative and superficial standards, (5) too much domination by outside groups, as well as (6) activities that tend to destroy institutional rights and freedoms.

From the point of view of the person who uncompromisingly opposes all types of accrediting, every one of the above criticisms or problems is as true today as when these analyses were presented. On the other hand, to the individual who accepts accrediting as a function that is likely to continue in education in the United States, these criticisms although largely warranted when made, appear to have less substance today. Two primary factors have encouraged an increase in the number of those with the latter attitude.

In the first place, the climate of opinion has altered. Just as we have a transformation in the attitude of businessmen toward the extent and the place of government controls, so do we have a change in the attitude of educators toward the methods of exercising social responsibilities in education. As there have been changes in the type of training and personnel desired for top business management, so there is a change in emphasis placed on the qualities needed for top management in education. Concomitant with these developments, accrediting has received much wider acceptance within the past few years.

A second reason for a change in attitude toward accrediting may be attributed partially to the improvements that have been made. Some criticisms today seem to be as well founded as in the past, but others now seem less appropriate. The number of accrediting agencies has been brought into manageable proportions, and the number of new ones being recognized, despite the pressures for recognition, is small indeed. Through cooperation and coordination, duplication has been markedly reduced, and emphasis in accrediting has been and is being placed on quality. Domination by outside groups is still possible, but it should be pointed out that such pressure may be desirable on occasion when educators themselves do not exert sufficient influence on behalf of continued betterment and improvement in education. The influence of the educators versus the influence of the practitioners varies among the professional accrediting groups, with no single pattern being followed. The relationship varies from field to field.

All in all, there is today a better balance in accrediting than existed in the past. How long this improved situation may continue depends upon many different factors, not the least of which is the ability of the accrediting agencies to transform their policies, procedures, and organizational patterns to meet changing needs and conditions.

The growing strength and influence of the Federation of Regional Accrediting Commissions of Higher Education are doing much to eliminate the complaint frequently heard in past years that too many differences exist among the regional accrediting associations in policies and procedures. The old tendency for the regional associations to feel that "we are running our own show and we need no one to tell us what to do" is rapidly disappearing. Even though court actions against accrediting organizations are not to be desired, perhaps these, too, will bring about a tightening up of procedures and will eventuate in more effective operational patterns for all agencies.

As we look to the future, we must make every effort to shape our policies to meet the changing conditions that confront us. A cursory reference to the history of education would lead one to the conclusion that accrediting procedures have usually been developed not in anticipation of needs, but after they have grown to nearly full maturity. This situation is not singular to accrediting; it is found in all types of social activities and is a phenomenon not likely to be eliminated. However, it would be far better if we could provide the means for easier and more rapid changes in policies and procedures of accrediting as the needs for changes develop. Changes are facilitated when there is widespread confidence, and confidence is based to a large extent upon knowledge and communication.

In responding to the initial question, How many masters should and can accrediting serve? it seems necessary to admit that every one of the forces mentioned is legitimate and that some response on the part of accrediting organizations is needed. Perhaps many comments might be made with respect to the future place of accrediting in our society and within the context of higher education, but only one will be emphasized at this point--namely, the need for concerted action rather than for separate and individualistic "end runs." If all of the needs for accreditation are to be served well and effectively, there must be flexibility and yet form within accrediting. Without such flexibility and form, accrediting may well fall of its own dead weight, and its destruction would seriously disfigure education and our national welfare.

If I were to predict the directions that accrediting might take in the future, I should suggest that much more emphasis will be placed upon the development of innovative practices within institutions and programs. No longer will the major stress be placed upon merely the meeting of minimum standards, but a continuing tie will be maintained with the institution in order that experimentation and new ideas can be implemented. The accrediting organization will become more and more a clearing house for innovative programs, and what happens to an institution once it becomes accredited will be increasingly important to the accrediting organization. Accrediting associations will be concerned about the greater circulation of ideas.

Consultative assistance will become increasingly important as accrediting organizations work more with institutions in bringing about academic reforms. Such assistance should be available both to the developing institution or program and to the ongoing and even superior institutions and programs.

It is an expression of the obvious to state that more research is needed in the whole field of education. Accreditation research is no exception. Every phase of accrediting should be subjected to careful and critical study. Perhaps more consideration will be given to the personal as well as the professional qualities that we desire for our products. But if we move in this direction, considerable research will be needed to assist us in measuring the qualities that we are seeking.

The tasks ahead are momentous. There are craggy peaks to be climbed, and perhaps many way stations along the line where we must stop for reorientation and a bit of rest, but the time has come to start the ascent.

May I conclude with a story that will illustrate some of the magnitude of the problem. The story is told that Winston Churchill was invited by the British Temperance Union to attend their annual banquet. Mr. Churchill was intrigued by the fact that the British Temperance Union should invite him to attend their banquet, and he accepted.

The banquet was held in one of the old Victorian hotels, and after the meal was over, the toastmaster said, "Mr. Churchill, we know that you must wonder why we, the British Temperance Union, would invite you to attend a banquet. We want you to know, sir, that our statisticians and engineers have determined that you in your lifetime have consumed enough alcoholic spirits which, if poured in this vast chamber, would come to the level of our eyes."

The toastmaster sat down, and Mr. Churchill arose and said, "Mr. Toastmaster, I note with great interest that the alcoholic spirits I have consumed during my lifetime, if poured in this vast chamber, would come to the level of my eyes. I only wish to observe, sir, as I look to the ceiling, that there is so much left to be done and so little time in which to do it."

The peaks lie ahead of us, but whether we scale them depends upon our own vision and boldness. Good luck and Godspeed.

Reference

1. Charles A. Wagner. Four Centuries and Freedoms. New York, E.P. Dutton, 1956, p. 224.

SUMMARY

Anne Kibrick

Dr. Miner opened the session on a high and provocative note when he leveled not one finger but two fingers at us--one finger at nursing and the other at education--for being reluctant learners, for being reluctant to try or to adopt new and changing concepts of technology, for being reluctant to shake up the existing curricula and the prevailing system of learning, for wanting to hold on to the status quo and preferring to act on the basis of custom and routine. He pointed out that we cannot remain satisfied with the status quo and said that NLN, which is often accused of preserving the status quo, should be congratulated for its assistance to A.D.N. programs in their development and evaluation.

According to Dr. Matheney, A.D.N. programs cannot stay static, because of the explosion of knowledge in the health field made by the impact of automation, by imminent changes in the patterns of delivery of health services, and by changes in medical practice and in the health expectations of citizens. The general hospital, now moving toward becoming a community health center, will become a link in a chain of services. Group health services by teams of health workers are already being offered. All of these factors put pressures on A.D.N. programs to change their curricula in order to produce the type of health workers needed. According to Dr. Blakeney, A.D.N. programs are failing to realize their potential in adhering to old and inadequate models and procedures while trying to reach new goals.

Although Dr. Miner admitted that, in general, A.D.N. programs have justifiably sold themselves on their merit and that they are the strongest programs in the nursing education system, he is concerned that they are about to become the new status quo in nursing education. He is concerned that the motivating factors for opening a nursing program in a junior college are based on the desire of junior colleges to increase their offerings, to have available a greater variety of offerings for students, to be the first junior college in the area to offer a nursing program, et cetera, rather than on adequate study of the needs of the community or assurance of qualified faculty and supporting staff.

Dr. Matheney agreed that opening a nursing program in a junior college has become the popular thing to do. She raised questions that need to be explored, such as: Is there a need for the product in the community? Will the community and the college support the program with understanding? Does the college have the necessary teaching facilities and finances? Has there been regional planning to assure that schools will be located where they are needed? Can sufficient numbers of adequately prepared faculty be obtained?

Dr. Blakeney felt that nursing educators could be very influential in preventing the uncontrolled development of schools by refusing to accept a leadership role in those programs that are not sufficiently researched and that are so poorly conceived as to be

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doomed to failure from the start. Mr. Skaggs also stressed the need for at least one planning year for the faculty and director in order to assure a sound curriculum before students arrive.

Dr. Miner provoked some deep reflection when he asked if we were determining our programs by current practice in the area or whether we were informing ourselves of changing technologies and modifying our curriculum accordingly? whether our programs were the same as those set up five or ten years ago? whether we had instituted significant changes in the curriculum and/or clinical experiences since we began? If we have not made modifications, is this due to our reluctance or to the reluctance of our co-workers? Is NLN pushing us, or are we pushing them for help in new directions?

Dr. Matheney felt that student pressure to follow tradition was frequently greater than faculty pressure. The number of A.D.N. educators raising questions and seeking curriculum patterns and methods of teaching is not small. There has not been the crystallization of a single model curriculum, and this is indeed a healthy sign. On the contrary, there has been evidence at this meeting of the need to continue exploration.

Dr. Blakeney did not think that either teachers or students were trying to maintain the status quo. She felt that we were witnessing a "bandwagon" phenomenon and that many junior colleges were developing A.D.N. programs because of their technical orientation and because technology, in general, is playing so significant a role at present and will play an even more significant role in the future. Rather than seeing the A.D.N. as a status quo symbol, she was fearful that it might become a status symbol.

The need for communication between hospitals and colleges, between nursing education personnel and nursing service organizations, was stressed if we are to keep up-to-date, if we are to be effective in our educational programs--that is, if we are to care for the health needs of the people. Matheney emphasized the difficulty in maintaining a quality program without support from both hospitals and colleges. Hospitals, if they are to be used for teaching purposes, must provide adequate classrooms, conference rooms, and office space. Hospitals must see the value to improved patient care by having colleges use their clinical resources for nursing education. We have been tradition bound in our use of hospitals for clinical experience; we should look beyond the hospitals for learning experience.

Planning sessions to meet health needs are essential. We must put the health of people first and develop the services required to provide for their health needs. We should not argue over the special interest or claim of any one group but rather look at the health needs of society and the delivery of health services to meet these needs by the groups best prepared to provide the services.

We must stop arguing semantics and the differences between the technical and the professional nurse. We know there will not be sufficient numbers of nurses to meet existing, much less projected, needs. The interchangeable use of the R.N., the L.P.N., and the nurse's aide does not best serve the patient. We must work together and think together to come up with something more satisfactory than what we have been doing up to now.

According to Dr. Blakeney, the descriptive functions of the professional nurse as opposed to those of the technical nurse are quite unclear. We need a definition of the skills of the professional nurse, in addition to those of the technical nurse, that she brings to bear on patients' problems. Joint utilization of selected clinical agencies might afford the action research needed to define the role and function of each type of practitioner. The delineation of specific tasks to define the differences is not seen as useful, because of the overlapping of functions. A more reliable indicator of differences might be the knowledge possessed by each and the utilization of this knowledge in identifying and resolving patients' problems. Although the professional has not yet agreed upon the distinction between the technical and the professional nurse, the faculties in baccalaureate and A.D.N. programs have had to establish their specific goals. We must arrange the multiplicity of tasks to be done in nursing to provide job opportunities for a range of skill levels, both professional and technical. Dr. Blakeney concluded that the unproductive preoccupation of nurses with the perennial debate of the differences between technical and professional nurses must give way to joint considerations of how, together, they can supply the need for nursing care of our society. As Dr. Matheney stated, the need for changes in the provision of nursing services is overwhelming.

One suggestion aimed at modifying the status quo was concerned with the transferability of students from one occupational educational program to another. Moncrief did not see A.D.N. preparation as terminal education but rather as a continuum. He felt that occupational programs were designed for the acquisition of specific occupational skills. Since the common denominator in both baccalaureate and A.D.N. programs was bedside nursing, since this practice utilized the same basic skills, since faculty qualifications for both programs were similar, since courses in the junior colleges were similar to those offered in senior colleges, and since the clinical resources for learning were comparable, he felt it should follow that students should be able to move from the A.D.N. program to the baccalaureate program without loss of time. Other opinions pointed out the basic differences in the purposes and goals of the program and the differences in expectations upon graduation.

The need was stressed for better evaluative techniques that would permit faculty to place students at an appropriate point in their curriculum without their wasting time in repeating previously learned knowledge. Dr. Mildred Schmidt reported on the College Proficiency Examination Program being developed in New York State. Students could acquire college credit by means of these examinations. Although the New York State Regents would administer the examinations, the credit awarded would be at the option of each college. All schools in New York State--diploma, associate degree, and baccalaureate--went on record as supporting the college proficiency examinations. Tests for medical-surgical nursing, maternal and child health, and psychiatric-mental health have been developed. These tests will be administered in May. The Fundamentals of Nursing test for placement in an A.D.N. program will be given in January, 1969. These are paper-and-pencil tests, but much interest has been expressed in a performance-rating guide to complement the written tests. The concept of progression within the nursing occupation was a factor promoting these examinations to prevent nursing from having a series of dead ends.

Professor Andruskiw reported on the experience of Russell Sage College in carrying out its plan to award advanced credit to graduates of A.D.N. programs and to R.N.'s entering from diploma programs. Credit is given for liberal arts courses that have been taken in an accredited college and in which students received a grade of C or better. Students may take proficiency examinations in anatomy, physiology, chemistry, and nutrition, for a maximum of 12 credits. They may then take separate examinations in medical-surgical nursing, maternal and child health, diet therapy, and psychiatric nursing to obtain a maximum of 30 credits for nursing examinations with grades of C or better. Until the New York State College Proficiency Examinations are ready, Russell Sage will use its teacher-made tests. Students may purchase study guides for the exams, which include the course outlines and reading lists. Exams will be given in September and January of each year. In this program an R.N. student may earn a baccalaureate degree in a minimum of two years.

Another practice that departed from tradition was reported by Seymour Eskow. Dr. Eskow developed his case against that version of excellence that emphasized high admission standards, such as being in the top half of the high school class or earning high averages or high test scores. He does not believe that a policy of high selectivity is in the best interest of the nation, the nursing community, or the young people who want to be nurses. He carefully documented the principle that there is a reservoir of talent in the bottom half of the high school class. He acknowledged the merits in a program of high selectivity that admits only superior students, who in turn challenge their teachers to develop superior programs, thus leading to the graduation of superior practitioners capable of a high level of practice with resulting better care. However, the reverse of the statement is not true in a program that operates an "open-door" policy, that is, enrolling all students who apply.

From the evidence at Rockland Community College, Dr. Eskow stated that the yield of students to professionals is as great or greater than the national average. The enrollment yield was 71 percent--better than the national average. Under present selective policies most A.D.N. programs lose about 50 percent of those who enter; 88 percent of those who graduated from Rockland Community College are now licensed to practice--53 percent passed their state board examinations on the first try. He provided evidence that the national interest and the nursing community would not have been better served if these students had been denied access to the nursing program. They embody a vast field of manpower to meet nursing's needs. He felt that the selective approach costs the country thousands of nurses yearly. Moncrief as well as others supported the open-door policy.

Professor Montag related that one purpose of the second evaluation study of the Cooperative Research Project was to determine whether nursing programs could use the same admission policies and procedures as other programs in the colleges. She explained that because the policies and procedures for admission vary, the seven programs in the study had quite different student groups. The study showed that it was possible for persons with a wide range of abilities to succeed in both the program and the licensing examinations and that the A.D.N. program could successfully graduate students whose rank on admission was not within the upper half of their high school class. She saw a heterogeneous group as being a greater challenge to the teacher.

The experience of both Professor Montag and Dr. Eskow raised questions about the prevailing ideas on student-teacher ratios. It has been shown that students admitted through an open-door policy can learn if they are motivated and taught by dedicated faculty functioning with a higher student ratio than is generally regarded as acceptable. They must learn, if they are to function effectively in a society that has no work for those who are denied an education. Dr. Blakeney stated that we need to tap new and different human resources for nursing--the mature person, the minority groups, and the "late bloomers." She stated that nursing must see more promise in more people if it is to insure "that the nursing needs of the people will be met."

The significance of passing the State Board Examination on the first try was questioned. Both Dr. Barham and Professor Montag felt that this expectation was unrealistic. Psychologically, it is important to the individual, but there are many factors that influence success on the State Board Examination. If we have a nonselective policy for admission, then the "right to fail" must always be before us. The correlation between the ability to pass the licensing examination and the ability to give good or safe nursing care is uncertain at best.

Professor Montag and Dr. Barham reminded us that the cutoff score on state board examinations is an arbitrary number that can be changed by anyone with jurisdiction, depending on the supply and demand of nurses. The state board examinations are not designed to test for a body of knowledge but rather to determine minimum competency for safe practice. The purpose of the licensing law is to protect the public. Thus, licensure and safe practice become related.

There is no neat answer to the question of the cutoff point in relation to safe or unsafe practice. It is necessary to establish the minimum safe knowledge needed for practice, and the question was raised as to whether the tests do indeed measure the minimum for safe practice.

If we teach students primarily for the purpose of passing state boards, we have failed in our major responsibility, which is to teach students the place of the professional in society and the need for continued study. It has been said that the more traditional the curriculum, the more likely the student is to pass the state board examinations, and the more experimental the programs, the poorer the state board results. The influence of state boards on the curriculum is very great. If we concern ourselves only with passing state boards, we will remain traditional in our approach and we will be prevented from developing curriculums geared to the changing needs of society. A passing or failing grade would be more in keeping with the basic purpose of state board examinations and would lessen the confusion and misinterpretations associated with ranking schools by scores or equating excellence with a high-standard score.

The question of two licensing examinations for nursing graduates--one for baccalaureate and one for associate degree--was discussed. If the licensing examination is to ensure safe practice, there is no need for more than one examination--there are no levels of safety. If we keep in mind the major purpose of state board examinations and design them to serve that purpose, we will improve the examinations and also the chances of qualified applicants to be successful in them. Allowing graduates to practice for a period of time before taking the examination is difficult to reconcile with the major purpose of the examination--safety in practice.

State board examinations and their implications need study. Is the state board examination an appropriate tool to guarantee safety in practice? What does it measure? Is there a relation among admission standards, curriculum, faculty, and state board results? Dr. Messersmith, in discussing accreditation, expressed concern that accreditation specialty groups were not able to document the expected activities or entry-level skills of students upon graduation. He stated that accreditation that prepares only for passing examinations denies expected skills and curriculum plans to develop those skills.

Dr. Messersmith's major focus was on the issue of specialized accreditation at the two-year-college level. The health and welfare of the population has been protected through specialized accreditation, and institutions have been upgraded as a result of the goals and procedures of regional accreditation. However, the development of the two styles of accreditation,while beneficial to higher education,are not without their problems. Of the 28 organizations recognized by the National Committee on Accrediting as accrediting agencies, only 5 have actually accredited programs at the two-year-college level. These are the Council on Dental Education, the Engineers' Council for Professional Development, the Council on Medical Education, the National Association of Schools of Music, and the National League for Nursing.

Because previously enacted federal legislation specifies the criteria of accreditation for financial assistance, the problem of federal support of community colleges operating a nurse training program is acute. To meet the requirements of legislation, the category of "reasonable assurance accreditation" was established for those schools beginning programs or that had not applied for accreditation. This category allows colleges to qualify for financial assistance under federal legislation.

Specialized agencies do not see themselves as consultants to regional associations but rather as accrediting agencies. The specialized agency sees itself as providing a valuable service to the institution and, at the same time, providing for the health and welfare of the public. The institution, on the other hand, tends to criticize the agency as being of marginal value and too costly. A study of printed costs indicated that cost was not a legitimate problem. The institution sees specialized accreditation as a device to increase institutional and instructor prestige to attract students and to obtain funds for programs. The opportunity to expose programs and ideas to a body of peers outside of one's own organization is of value.

The amount of accrediting by specialized agencies, with the exception of the allied health field, is not growing at a rapid rate. Institutional acceptance of regional accreditation is increasing. Dr. Messersmith would like to see specialized accreditation as part of regional accreditation. Specialized accreditation is of concern for many reasons, one being its intimate relationship to licensure. As associations attempt to raise the standards of their membership, they have historically, directly or indirectly, sponsored licensing legislation.

Dr. Messersmith sees restrictive legislation, such as the Nurse Training Act, which restricts institutional freedom by tying funding to specific accrediting styles,as the greatest threat to institutional autonomy. He says that if some effort is not made to modify this legislation, the very fabric of voluntary accreditation is threatened and future legislation relating to higher education will carry much of the overtone of past vocational-technical education legislation, which has been restrictive in that it is tied to specific programs for specific periods of time.

Dr. Messersmith noted, in conclusion, that the tension between institutional independence and public accountability will continue to increase.

Dr. Dickey, in discussing where within a broad spectrum the most satisfactory definition of the purposes of accreditation could be found, quoted a statement made in the Constitution of the National Commission on Accrediting referring to the positive influences of accredition. It referred to accrediting agencies as instruments for the maintenance of higher educational standards. He stated that accreditation has served society and the public welfare, students, professions, and institutions themselves.

Accreditation also serves as a quality control for institutions and their programs. It is a balancing wheel between federal organizations and the autonomy of institutions. The accreditation agency walks a tight rope in establishing quality controls and yet not imposing restrictions on the university and college.

As in all social activities, accreditation policies must change to meet changing social needs, and change is facilitated by establishing and maintaining communication and a sharing of knowledge between schools, agencies, and government.

If all the needs for accreditation are to be served well and effectively, there must be flexibility and yet form within accreditation. He predicted that more emphasis will be placed on innovative practices in institutions and programs rather than meeting minimum standards. The accrediting organization will become more and more a clearing house for innovative programs, and it will be concerned with the circulation of new ideas. Consultative assistance will become increasingly important as accrediting organizations work more with institutions in bringing about academic reforms. The tasks ahead are monumental.